14600 146 56S

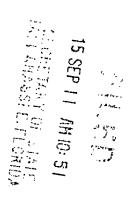
(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		:		

Office Use Only



200276888842

09/11/15--01012--001 **25.00



SEP 1 4 2015 J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACUDINCTURE BY SCOTT LLC					
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Scott Sikorski					
Name of Person					
Firm/Company					
640 Jul Pittman Road					
Seville, FL 32190					
City/State and Zip Code SCOTTON TO COMMON COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Scott- Si Korski 4,386, 341-7385					
SCOTT Si KOYSKI at (386) 341 - 7385 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Solution Certificate of Status Certificate of Status					
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Acupunctur	e By Scott 1	
(Name of the Limited Lin (A Fig.	ability Company as it now appears on our orida Limited Liability Company)	records,)
The Articles of Organization for this Limited Liability Florida document number 11400146		18/14and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the Community for The new name must be distinguishable and contain the words	cupuncture Li	n "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office r		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
-see	Cia	, Florida
	City	гир Соае

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

•	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:
	MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			C Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
		☐ Remove	
			Change
			Add
			□ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
r	
	·
	
	
	.
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
	
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	nt to 605.0207 (3)(b) t be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b) The 90th day after the record is filed.	earlier of:
Dated 09 08 15 Signature of a member or authorized representative of a member	- 37
Scott A. Silkorski Typed or printed name of signee	15 SEP
Page 3 of 3	
Filing Fee: \$25.00	AM 10: 5
	5.51