# L14000 1769

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JUN 02 2016 J SHIVERS

### **COVER LETTER**

TO: Registration Sec Division of Corp		e e e e	
SUBJECT: Q	Scoot UNDO	SR LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	SEAN M	eADOWS.	
		Name of Person	<del>.</del>
	Deoor U	NOFA LLC Firm/Company	<u> </u>
		Firm/Company	
•	2181 N.7	FEDERAL Huy	<b></b>
	$\alpha$	Address	
	BOCA RA	Address  70n, FZ 334  City/State and Zip Code	131
<b>i</b> .		City/State and Zip Code	
И	E-mail address: (to	4 FL @ GMA1L (Co be used for future annual report notification	ation)
For further information co	ncerning this matter, please ca	II;	
DEAN ME	PADOWS	at 561, 368-	- 2155
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

DOT UNDER LL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number \_ L 14000 177695 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

#### 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

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 Title **Type of Action** Jefrey R. FIRESTONE 869A.W. 1914ST Healeah, Pr 33010 ☐ Change ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00