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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scrubs 2 Go and More U.C. 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:
Alicia Fierro
Scrubs 2 go and Nore U.C.
370 N. Congress Ave.
Boynton Beach IL 33426 City/State and Zlp Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Signature Si
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solutions}\$ \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\times \text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$

MATLING 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 ARTICLES OF ORGANIZATION **OF**

Scrubs 3 Co and (Name of the Limited Liability Compan	Uppe UC Ly as it now appears on our records.)
(A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $1/15-/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Scrubs 260 x More LLC
(Principal office address MUST BE A STREET ADDRESS)	1100 Floranged A Road # 133 Dalcland Panle, Fl 33334
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	RNOADES 3 TI
New Registered Office Address: 100	Florida street address
_Oak	And Panle, Florida 33334
New Registered Agent's Signature, if changing Registered Agent:	он, гар сише

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 **Address** Type of Action Name □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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If an effective date Note: If the dat	if other than the is listed, the date me, inserted in this ctive date on the	ust be specific an block does not	nd cannot be price meet the appli	cable statutory	g or more than 90 v filing requirem	(optional) days after filing.) F ents, this date w	Pursuant to 6 ill not be l	605.0207 isted as
ne record spe	ecifies a delaye ay after the re	ed effective cord is filed	date, but n	ot an effect	ive time, at 1	l2:01 a.m. or	n the ear	lier of
The 90th da			_	_				
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Filing Fee: \$25.00