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SECRETARY OF STATE

## **COVER LETTER**

	Registration Sc Division of Cor			
SUBJEC'	SCS Rental			
SOBJEC	ı:		ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ren	ırn all correspo	ondence concerning this matter	to the following:	
		Richard K Britton		
			Name of Person	
		Britton Law LLC		
			Firm/Company	
		2124 Park Street		
			Address	<del></del>
		Jacksonville FL 32204		
		<del></del>	City/State and Zip Code	
		sdunn@scspropertiesjax.com	m	
		E-mail address: (	to be used for future annual report no	tification)
For further	r information c	oncerning this matter, please c	all:	
Richard K	Britton		904 389-1994 at ()	
	Name o	f Person		me Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>■</b> \$25.00	0 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 (additional copy is enclosed)
	Tailing Addres		Street Address: Registration S	ection
	Division of C		Division of Co	
P	P.O. Box 632	7	The Centre of	Tallahassee
Т	'allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SCS Rental 7 LLC

C APR 18 PM 9: 15 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on <u>6/16/20</u>	SECRETARY OF STATE TALLAHASSEE, FL and assigned
Florida document number L16000116494		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SCS Property 1 LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the design:	ation "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 a	address on our record	ds enter the name of the new registers
agent and/or the new registered office address here:	address on our record	us, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reel address
		, Florida
	City	Zip Code
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

<u>Title</u>	Name	Address	Type of Action
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	ved effective date, but	t not an effective t	ime, at 12:01 a.m.	on the earlier of:
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he record specifies a dela The 90th day after the interpretation of the interpretation o	record is filed.	authorized representative	of a member	

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