11600130316

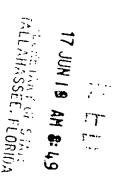
| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| nbbA) | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doct | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | ; |

Office Use Only



200300272522

06/19/17--01014--013 **25.00



JUN 2 0 2017 Y CULKER

COVER LETTER

| SUBJECT: | FLORIDA | SCOPE, LLC | |
|-----------------------------|--|---|---|
| 30BJEC1; | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | MUNAF AL SHAIKHLI | | |
| | | Name of Person | _ |
| | FLORIDA SCOPE, LLC | | |
| | | Firm/Company | |
| | 800 N FERNCREEK AVI | ENUE | |
| | | Address | |
| | ORLANDO, FLORIDA 3. | 2803 | |
| | | City/State and Zip Code | |
| | MUMAF@SCOPESKY.CO |)M | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| JOHN PIERCE | | 407 898-4848 at () | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

| FLORIDA SCOPE, LLC | | |
|---|--|----------------------|
| (<u>Name of the Limited Lia</u> (A Fle | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on DECEMBER 20, 2016 | and assigned |
| Florida document number 1.16000230316 | · | |
| This amendment is submitted to amend the following | <u>:</u> : | |
| 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.IC." |
| 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) B. If amending the registered agent and/or registered agent and/or the new registered office a | egistered office address on our records, ente | TO JUN 19 ARE LORIDA |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | Florida _ | 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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------|---------------------------|
| MGR | SAAD ABDLGABAR ALOPEDE | 167 CASTAWAY BEACH WAY | |
| | | KISSIMMEE, FL 34746 | □ Remove |
| | | | |
| MGR | MAZEN ALSHA | <u>k</u> HCi | Add |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Tange HASSEE FOR ARCHORE |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | - | |
| | | | Remove |
| | | | □ Change |

| | | | | | _ |
|---|---|-------------------------|---------------------------|---|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | _ | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 44- | | - | | | <u>.</u> |
| | | | | <u> </u> | _ |
| | | | | SSA | |
| | | | | EE. | دجسه |
| | | - | | 1 S 2 8 | , i i i |
| Effective date, if other than th | JUNE e date of filing: | 13, 2017 | (optio | ======================================= | ٠., |
| f an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I | ist be specific and cannot be lock does not meet the a | pplicable statutory fil | more than 90 days after (| ding.) Pursuant to (| 605,0207 isted as |
| e record specifies a delaye The 90th day after the rea | | it not an effective | e time, at 12:01 a | m. on the ea | rlier ol |
| Dated | 2017 | | | | |
| | | - <u>-</u> | | | |
| | Signatury of a member of | | | | |
| | aignaiury of a member of | aumorizea representati | se of a member | | |
| | | | | | |

Page 3 of 3

Filing Fee: \$25.00