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M. MILLIGAN JAN 1 2 2017

COVER LETTER

TÖ: Registration S Division of Co	rporations		
SUBJECT: <u>SCA</u>	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EA S/USSEP	Name of Person	
	SCAN ALT U	Firm/Company	
	484 BUCK,		
	WINTER SPRIN	City/State and Zip Code Commit Com to be used for future annual report noting	<u> </u>
	E-mail address: (to be used for future annual report noting	fication)
For further information of	concerning this matter, please c		
EN SILSSER Name o	of Person	at (941) 2 7 < Area Code Daytime	Y 226 e Telephone Number
Enclosed is a check for t	he 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: 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

Scan Ar	+ LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears or limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>4/7006000</u> /68	mpany were filed on	2/29/2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
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 addre		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Entar Florida	street address
	Enter Frontaa	
	City	, 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>	<u>Address</u>	Type of Action
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		ORIANDU, FI 32ECE	Remove
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rument's effective date on the Departmere record specifies a delayed effective and specifies a delayed effective 90th day after the record is great for the specified for the	filed. , 20/7 Low- ure of a member or authorized rep	oresentative of a member	:01 a.m. on the	e earlier

Filing Fee: \$25.00