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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
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### **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: SC4 INVPSTM	Pent Group UC
Name o	
The enclosed Articles of Amendment and fec(s) ar	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
_Sindra	L Napolitaro + Chris Avellaret
SC4	Mylstment Group UC Firm/Company
3750 N	JW115th Ave Apt 4
Covals	PRINOP FL 33065  City/State and Zip Code
SC 4 INV	ess: (to be used for future Jinual report notification)
For further information concerning this matter, plea	 ase call: 
Sunda Napolitano Name of Person	at (501) 302 6794  Area Code Daytime Telephone Number
Englosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of State	

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

SCYIN	vestment Group LC
(Name of the Limi	(A Florida Limited Liability Company)
The Articles of Organization for this Limited L	iability Company were filed on 101317 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	able:
(Principal office address MUST BE A STREI	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Tegasered agent and/or the new regionaled a	
Name of New Registered Agent:	: · · · · · · · · · · · · · · · · · · ·
	, ,
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
I hereby accept the appointment as register	ed agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

	Authorized Person(s) authorized to ma from our records:	nage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sundra Napolitano	3750 NWIISH AVE APTE Coralspans & 33065	MAdd
			Remove
			Change
MGR	Chris Avellanet	Same as above 1	<b>D</b> Add
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ffective date is listed, t		c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	
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, W	indu	head the 100	1
	Signature of	of a member or authorized representative of a member	
•	Sundra	$\mathcal{L}_{1}$ $\mathcal{L}_{1}$ $\mathcal{L}_{2}$ $\mathcal{L}_{3}$ $\mathcal{L}_{4}$ $\mathcal{L}_{3}$ $\mathcal{L}_{4}$ $\mathcal{L}_{4}$ $\mathcal{L}_{5}$	/

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Filing Fee: \$25.00