

Office Use Only



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## **COVER LETTER**

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	gistration Se vision of Cor					
SUBJECT:		nology, LLC				
		Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	endence concerning this matter	to the following:			
		Bingham Parkinson				
			Name of Person			
BMEL BUSINESS SOLUTIONS, LLC						
	Firm/Company					
		8833 Perimeter Park Blvd	., Suite 1003			
			Address	<del></del>		
		Jacksonville, FL 32216				
			City/State and Zip Code			
		bing@scalo.tech	_			
		E-mail address: (	to be used for future annual report notif	ication)		
For further i	information co	oncerning this matter, please co	all:			
Bingham Pa	arkinson		904 514-4125 at ()			
	Name of	l Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25,001	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



SCALO TECHNOLOGY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		were filed on 11/13/2018	and assigned
Florida document number L18000264071	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
SCALO TECHNOLOGIES, LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Putan nam mailing address, if anniashla.		N/A	
Enter new mailing address, if applicable:		· ·	<del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered or			ds, <u>enter the name of the nev</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street addre	ess
		, F	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 **Title** Name Address Type of Action □ Add □ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_D Add ☐ Remove \_□ Change \_□ Add □ Remove

☐ Change

N/A		
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Tective date, if other than the neffective date is listed, the date must	t be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this bl	ock does not meet the applicable st	atutory filing requirements, this date will not be listed
cument's effective date on the D	spartment of State's records.	
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record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on the earlie
,		
November 26	2018	
	<del>/</del> ·· <	
	Signature of a member or authorized re	enresentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00