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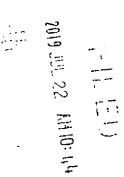
(Requestor's Name)
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PICK-UP WAIT MAIL
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Canaial Instructions to Filias Offices
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Office Use Only



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Amend

JUL 2 7 2019 I ALBRITTON

# **COVER LETTER**

Division of Co	orporations		
Scalability SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Gray		
	Scalability	Name of Person	
	1048 Wimbledon Dr	Firm/Company	<del></del>
	Melbourne, F1, 32940	Address	
	mgray@totalscalability.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Michael Gray		407 616-3008 at ()	
Name c	of Person	Area Code Daytime	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)	Sound Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

Scalability, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Limited Liability Company value of $\frac{1.19000051654}{1.19000051654}$ .	were filed on 2/21/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
'he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 28
Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		بب ستند
		¥-
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	3
12/0	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> AMBR	<u>Name</u> RELATIVITY, LLC	<u>Address</u> 1048 WIMBLEDON DRIVE	Type of Action
		ACCIDENTIAL PL 22010	Add
		MELBOURNE, FL 32940	□ Remove
			C INCINOTE
	DELATIVETY ILLIC	10 to what Plych indial	□ Change
AMBR	RELATIVITY H, LLC	1048 WIMBLEDON DRIVE	<b>≅</b> Add
		MELBOURNE, FL 32940	a Aud
			☐ Remove
			Change
			Add
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Page 3 of 3