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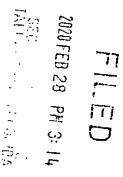
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: SC	10N ENTERPA	215ES ((C.	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	DAU!	O Puz	
		- <u>Гути-Сотрак</u> у	
	746 E	LAKE RD,	
	OUNCY Ph E-mail address: (0	Address F(3) City/State and Zip Code NS MG GMAIC to be used for future annual report no	351 com
For further information of	concerning this matter, please ca	all:	
David (1 Ruz of Person	at (850) 24 Area Code Dayti	1 - 8263 me Telephone Number
Enclosed is a check for (he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	55:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCION ENTERPR	2-1585		
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our r lability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company (were filed on $2/28$	/2020	_ and assigned
Florida document number <u>L2000061408</u> .	,		
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited fiabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BON			
		ي≥	2020
	- , , , , , , , , , , , , , , , , , , ,	 ;=,	70F
B. If amending the registered agent and/or registered office a	ddress on our records, <u>c</u>	inter the name o	of the new regis
agent and/or the new registered office address here:			28
		•	<u> </u>
Name of New Registered Agent:	· · -		<u> </u>
New Registered Office Address:		D ₂	<u>_</u>
	Enter Florida street d	address	
		. 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 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
AP	Valerie Ceuz	746 E. CAKE RD.	□Add
		Quincy, Fl. 32351	Ckemove
			□Change
CAO	Marius MAPP	720 E. CAILE RD.	□Add
		720 E. CAKE RD. Quincy, Pl. 32351	(DKemove
			□Change
			🗆 Add
			□Remove
			Change
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ote: If the date in	other than the date of filin isted, the date must be specific and isserted in this block does not invested on the Department of S	meet the applicable statut	(option iling or more than 90 days after fi ory filing requirements, this o	al) ling.) Pursuant to 605.0207 late will not be fisted as
record specifies a is filed.	delayed effective date, but not	ot an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
ated <u>2</u> />	8/2020			
	Signature of a	member or authorized repre	esentative of a member	