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COVER LETTER

Division of C	orporations			
SCS Adv	isors LLC			
,	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Stephen Schab			
		Name of Person		
		Firm/Company		
	5340 W Kennedy Błyd Ur	nit 324		
		Address		
	Tampa, FL 33609			
	stephenschab@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	ation)	53 E.S.
For further information	concerning this matter, please c	all:		20 HAY
Stephen Schab		813 841-0034 at ()		15 name
Name	of Person	Area Code Daytime 1	Telephone Number	OF STAT
Enclosed is a check for	the following amount:			20 TIOHS
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of ! Certified Copy (additional copy is	Fee, Status &

Registration Section

TO:

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

Street Address: 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

SCS Advisors 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 Liability Company were filed on $\frac{2/28/2020}{2}$ and assigned Florida document number 1.20000067020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SKS Advisory Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Address	Type of Action
			□Add
			Remove
		 	□Change
			□Add
			Remove
			□Add
			□Remove
			□Change
			□ Remove
			Change
			□Add
			□Remove
	····		□Add
		 	□Remove
			(Change

Effec	tive date, if other than the date of filing:
Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	May 13th 2020
	Att III
	Signature of a member or authorized representative of a member
	Stanban Kabab
	Stephen Schab

Filing Fee: \$25.00