Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004306183)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From	1;
	Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
2	
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**Enter th	e email address for this business entity to be used for future
annua	al report mailings. Enter only one email address please.**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 369 PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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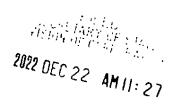
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 04/07/22 and assigned

Florida document number L22000108581	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Scope Acquisitions LLC	
The new name must be distinguishable and contain the words "Limited Liabil	hty 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 a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent;

369 Properties LLC

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.

Cuy

Florida

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
			□Change
			□Add
			□Remove
			ClChange
	AV		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)	學等。為
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414-46-1		
		
		
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant I does not meet the applicable statutory filing requirements, this date will not be	
he record specifies a delayed effective dat ord is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
Dated December 22	2022	
- Riley Park	c	
Sign	nature of a member or authorized representative of a member	
Riley Park		
	Typed or printed name of signee	_

Filing Fee: \$25.00