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To:

Division of Corporations

Fax Number : (850)617-6383

Enom:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : I20090000046

Phone : (239)274-8290 Fax Number : (239)415-7373

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TRANSAMERICA ACCT@YAHOO.CON

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F&I LOADS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&I LOADS LLC	. <u></u>	
(Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number L23000124564	led on MARCH 9, 2023	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	
SCORPION GOLF & TURF LLC		
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	=	2024
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	A T
		<u> </u>
	2 O	
B. If amending the registered agent and/or registered office address	s on our records, enter the name	of the new peginter
agent and/or the new registered office address here:	AT AT	37
	ורו	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florida	
		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.

MGR = Manager

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action	
			□Remove	
			Change	
			□Add	
			□Remove	
·			□Add	
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ffective date, if other than the of an effective date is listed, the date must store: If the date inserted in this blo locument's effective date on the De	CK GOCS BOL BLEEL UP	S HUDIICADIC SIRIU	lling or more than 90 tory filing requiren	(optional) days after filing.) Pr tents, this date wil	msuant to 605.020
record specifics a delayed effective is filed.	date, but not an eff	ective time, at 12	01 a.m. on the ear	iier of: (b) The 9	Oth day after th
JANUARY 27		4			
Lunce	Æ_		csentative of a memb	UP F	<del></del>

Filing Fee: \$25.00