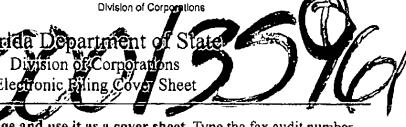
3/27/23, 2:00 PM





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(((H23000115189 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 : (954)791-2100 Fax Number : (954)583-4117

*Ent	er	the	email	address	for	this	busir	iess	entity	to	be	used	for	future
1号	an	nual	repor	t mailin	gs.	Enter	only	one	emaiĺ	add	res	s ple	ase.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ... SCGRE INVESTMENTS, LC

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Electronic Filing Menu

Corporate Filing Menu

Help T. CEMIEUX MAR 2 8 2023 Registration Section

H23000115189

TO:

COVER LETTER

Divi	sion of Corpo	orations .						
SUBJECT:	SCGRE INV							
SUBJECT	Name of Limited Liability Company							
The enclosed	Articles of A	mendment and fee(s) are sub	writted for filing					
		dence concerning this matter	·					
		WILLIAM G. MORRIS						
			Name of Person					
		LAW OFFICES OF WILL	JAM G. MORRIS, P.A.					
			Firm/Company					
		247 N. COLLIER BLVD.	SUITE 202					
			Address					
		MARCO ISLAND, FL 34	145					
			City/State and Zip Code					
		wgm@wgmorrislaw.com E-mail address: (to be used for future annual rep	ort notification)	<u> </u>			
For further in	formation con	cerning this matter, please c	all:					
William G. M	Morris		239 642-6	020				
Name of Person		erson	Area Code	Daytime Telephone Nun	nber			
Enclosed is a	check for the	following amount:						
≅ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclose	Certi:	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)			
<u>Mail</u>	ling Address:		Street Addr	ess:				

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

H23000115189

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC	CGRE INVESTMENTS, LC			
(Name of the Limited Lia)	bility Company as it now appears rida Limited Liability Company)	on our records.)		
(V. Lioi	rica cimited ciapitity company)			
The Articles of Organization for this Limited Liability	Company were filed on	MARCH 16, 2023	and ass	iomed
*	, company word mod on		1110 1133	igned
Florida document number L23000135961	·			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	mited liability company her	<u>ne</u> :		
SCGRE	investments, llc			
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESSI			
(2 Torrespondence white the PACIFIC PACIFIC AND A PACIFIC				
			·	
Enter new mailing address, if applicable:	_ 		 -	
(Mailing address MAY BE A POST OFFICE BOX)	···			
B. If amending the registered agent and/or register	red office address on our re	cords, enter the nam	e of the nev	v registered
agent and/or the new registered office address here	e :			
		- من		
Name of New Registered Agent:			202	
				
New Registered Office Address:			5=	
	Enter Floria	da street address	\sim	==
		, Florida		Ē
	City		Zip Code	
New Registered Agent's Signature, if changing Registe	ζ.	<u>∵</u>		
I hereby accept the appointment as registered ager	nnaoin. I filmbar am	 	la a a colaba ala a	
provisions of all statutes relative to the proper and	l complete performance of r	upucny, 1 juriner agi nv duties, and I am f	ree to comp Inmiliar wit	iy wiin ine h and
accept the obligations of my position as registered	agent as provided for in C	hapter 605, F.S. Or.	if this docu	ment is
being filed to merely reflect a change in the registe	ered office address, I hereby	confirm that the lin	nited liabili	b
company has been notified in writing of this chang	re.			
•				

If Changing Registered Agent, Signature of New Registered Agent

H23000115189

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 = Authorized Member							
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
			□Add				
			□Remove				
		···	Change				
			□Add				
			□Remove				
			Change				
		 -	□Add				
			□Remove				
			☐ Change				
			□Add				
			□Remove				
			☐ Change				
			□Add				
			□Remove				
			□Change				
			DAdd				
			□Remove				
			□Change				

H23000115189

D. If amendir	ng, any other informa	tion, enter change	c(s) here: (Atta	ch additional she	eets, if necessary	y)	
			<u> </u>	' ;:-		······································	
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E. Effective d	ate, if other than the	date of filing:	t bo prior to date of	filling or more than	(optional) 00 days after filing.)	Pursuant to 605:0207	3)(b
Note: If the	e date inserted in this blo effective date on the De	ock does not meet th	ic applicable stan	utory filing require	ements, this date i	will not be listed as	lic
f the record spe- ecord is filed.	cifies à delayed effective	e date, bût not an eft	fective time, at 12	2:01, a.m., on the ea	orlier of: (b) The	90th day after the	
Dated	MARCH 27	202	23				
		ROY	?				
_		Signature of a membe	r or suthorized rep	resentátive of á nien	nber		
		BR	LANDON TIERN	IEY			

Filing Fee: \$25.00

Typed or printed name of signee