L23000216693

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

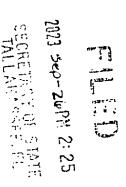
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COVER LETTER

Division of Cor		·	
	SCIG, LLC	t	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stacey N Fernandes		
		Name of Person	_ -
	SCIG, LLC		
	_ .	Firm/Company	
	307 Lagoon Drive		2023: SEC TA
		Address	
	Palm Harbor, FL 34683		184 184 184
	sfernandes@suncoastinte	City/State and Zip Code	RETARY OF SHA
	E-mail address: (to be used for future annual report not	ification) 5
For further information c	oncerning this matter, please c	all:	
Stacey N Fernandes		978 3399199	
Nama	of Person	at () Area Code Daytim	ne Telephone Number
Name o	ii reison	Mea Code Baytin	e rereptione (varioe)
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of 1	•
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCIG, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were to L23000216693 Florida document number	filed on May 2. 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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)	2023 SEP - 20 SECRETARY
B. If amending the registered agent and/or registered office addres	ss on our records, enter the hand cof a Oneval istere
	72. 25 FAIE 25
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	in Zin 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 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>	<u>Address</u>	Type of Action
MGR	Ashok Gopalakrishnan		
		2916 Hagen Drive, Plano, TX 75025	= Remove
			☐Change
			_Add
			SECRETARY TALLAHA
			A PA
			□Change
			□Add
			□Remove
			Change
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ective date, if other than to effective date is listed, the date in this ter. If the date inserted in this nument's effective date on the cord specifies a delayed effects filed.	must be specific and canrisblock does not meet be Department of State	the applicable sta s records.	stutory filing requi	rements, this	iling.) Pursu date will n	ot be l	isted as
September 20	20	23					
ed	20	<u> </u>					