# L18000096917

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	INVESTMENTS LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
	Amendment and fee(s) are sub-	<del>-</del>	
	SORAYA VALERO		
		Name of Person	
	SVG GROUP LLC		
		Firm/Company	
	9600 NW 25TH ST, SUITE	E 6D	
		Address	
	DORAL, FL, 33172		
	SORAYAVALEROGROUP	City/State and Zip Code @GMAIL.COM	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ıll:	
SORAYA VALERO		954 8152817	
Name of		at () Area Code Daytime `	Telephone Number
Enclosed is a check for the	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## EDUVIGES INVESTMENTS 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 APRIL 17, 2018 and assigned Florida document number \_ L18000096912 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

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 **Title** Address **Type of Action Name** MGR MARINES MENDEZ \_ Add 11250 NW 56TH ST, DORAL, FL. Remove \_□ Change \_□ Add □ Remove \_\_ Change \_□ Add ☐ Remove \_□ Change □ Add \_□ Remove ☐ Change □ Add \_□ Remove ☐ Change \_□ Add □ Remove

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a effective date is listed, the date m te: If the date inserted in this burnent's effective date on the	block does not meet the appli	icable statutory fili	more than 90 days after fil ng requirements, this d	ling.) Pursuant to 605 0207 late will not be listed as
record specifies a delaye he 90th day after the re		ot an effective	time, at 12:01 a.r	m. on the earlier of
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