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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	ion of Corpor			
SUBJECT: _	SVRN	BUILDER	LLC	
		Name of Limit	ted Liability Company	
The enclosed A	Articles of An	endment and fee(s) are subr	nitted for filing.	
Please return a	ll corresponde	ence concerning this matter t	o the following:	
		LEONARDO	VE LLOSO Name of Person	alliterio
		SVRN B	UILDER, LL Firm/Company	<u></u>
		6965 PIAZZA	A GRANDE A	VENUE-STG. 305
		ORLANDO F		
	-	E-mail address: (to	TERIO SCON be used for future annual rep	ort notification)
For further info	ormation conc	erning this matter, please ca	II:	
LEONA	Name of Pe		at (407) S6	Daytime Telephone Number
Enclosed is a c	sheck for the f	ollowing amount:		
⋞ \$25.00 Fil	ing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

SURN BUILDER	LLC	2022 JUN 21 PM 1:44
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on o	TALLAHASSEE, FL
		(おしにおけみささだだ。 とし
The Articles of Organization for this Limited Liability Company	were filed on	$\frac{-12-202}{\text{and assigned}}$
Florida document number L21000317309		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A_	
(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:	ddress on our record	ls, enter the name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:	IA	
Name of New Registered Agent.	/ ^	
New Registered Office Address: 1977	Enter Florida str	eet address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	¥*	•
		with I fough an arrange to accomply with the
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as p		

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>	Address	Type of Action
<u>Ceo</u>	VERNON DANIEL LEEMING	2316 GRAND CENTRAL PKWY.	
		ORLANDO, FL, 32839	□Remove
			□ Change
NA	M/A	N/A	□Add
			□Remove
. ^ ^	<i>^ /</i>		□Change
NA	N/A	N/A	🗆 Add
			□Remove
r	Λ		□Change
NA	NA	N/A	□Add
			□Remove
11.		/	□Change
MA	<u>N/A</u>	NIA	□Add
			□Remove
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AM	NA	NIA	🗆 Add
			□Remove
			□Change

	2022
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ective date, if other than the date of filing: $\frac{06-16-}{}$	
effective date is listed, the date must be specific and cannot be prior to date o e: If the date inserted in this block does not meet the applicable stat	
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	·
ed JUNE 16TH 2022	
30 4011 3 10	