## 121000317309

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## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT: SVR	N BUILDER	, LLC				
SOUSECT.		ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	LEONARD	O VELLOSO ()	JITERIO			
	SVRN BUIL	DER, LLC				
		· · · · · · · · · · · · · · · · · · ·				
	6874 SPE	RONE STREET				
			700			
	ORLANDO	FLORIDA 32 City/State and Zip Code	819 · · · · · · · · · · · · · · · · · · ·			
			ان دغ			
	E-mail address: (t	So VEREIGNING, US o be used for future annual report noti	fication)			
For further information co	oncerning this matter, please ea	all:	: : :			
LEONARDO VE	ELLOSO QUITER	10 ar 407, 561 C	5 33			
Name of	Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction			
Division of Co	orporations	Division of Cor	Division of Corporations			
P.O. Box 632° Tallahassee, F		The Centre of 7	Fallahassee e Street, Suite 810			
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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  $\sqrt{2-202}$ Florida document number LZ1000317309 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 "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) 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	FERNANDA LENZI QUITERIO	6874 SPERONE STREET,	
		ORLANDO, FLORIDA 32819	Remove
			□ Change
<u>CEO</u>	FOUAD FAIDY	417 EAST VINE STREET,	ZrAdd
		KISSIMMEE, FLORIDA 3474	14 □Remove
,		<u> </u>	□Change
MA	N/A	N/A	□Add
			Remove
			Change
NJA	N/A	N //A	Add
			Remove
N1/A	NI/A		□Change
<u>IV/A</u>			□Add
			□Remove
M/.	N// <sub>^</sub>	$-\sqrt{\Delta}$	□Change
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cord specifies a delaye s filed.	d effective date, but	t not an effective	time, at 12:01 a.	m, on the earlier of	(b) The 90th	day after th
ed MAY		of a member or au	3			
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Filing Fee: \$25.00