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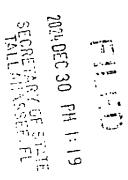
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Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	SVRN	BUILDER, LLC	
<u></u>	Name of Lin	nited 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:	
	LEONAR	Name of Person	<i>b</i>
	SVR	N BUILDER, LLC	
	6874 51	PERONE STREET Address	2819 TALL TO BE 1.13
	ORLA	City/State and Zip Code	2819
		UITERIO O SCONSULT. to be used for future annual report noti	ication)
For further information c	oncerning this matter, please c	all:	25 0
LEONARDO Name o	o V. WITERIO	$\frac{\text{at } (\frac{401}{\text{Area Code}}) - \frac{5610}{\text{Daytime}}}{\text{Daytime}}$	5 33 2 Telephone Number
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 Address Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	norations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVRN BUILD	ER, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_2 \) 1000 3 \(\bigcup_3 \) 309 \(\bigcup_2 \).	were filed on 07 - 12 - 202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	6874 SPERONE STREET,
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A STATES
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
New Registered Office Address:	Enter Florida street address
	N/A, Florida
	City Zip 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 Title Name **Address** Type of Action 417 EAST VINE STREET DANG FOUAD CEO FAIDY KISSIMMEE, FLORIDA 34744 AREMOVE □ Change NA □ Remove N/A □Remove .π. <u>⇔</u>∢⊡Remove ☐ Change \square Add Remove □Change \square Add **□**Remove

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Filing Fee: \$25.00