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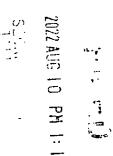
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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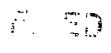
Carry Solo

COVER LETTER

TO: Registration Se Division of Cor			
	ERAMO LLC		•
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:	
	ALEX D DUNLAP		
		Name of Person	
	GALBRAITH PLLC		
	.	Firm/Company	
	999 VANDERBILT BEAC	CH RD SUITE 509	
		Address	.
	NAPLES, FLORIDA 3410	98	
		City/State and Zip Code	
	CARIAS@GALBRAITH.L		
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Alex D Dunlap		239 325-2291 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	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		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T	allahassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 10 PM 1:12

SCGVL TERAMO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	Emer riorida street address City	rida
New Registered Office Address:	Enter Fiorida street address	
New Registered Utilice Address:	Enter Florida street address	
N 9. 1. 100 AH		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	<u>ne name of the new registere</u>
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
SVGVL Teramo LLC		
A. If amending name, enter the new name of the limited liab	oility company here:	
This amendment is submitted to amend the following:		
Florida document number 1.22000330794		
1.220003.30704		

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 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
			□Add
			□Remove
			□Change
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			□Remove
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an effective da ote: If the d	e, if other than te is listed, the date ate inserted in th fective date on t	e must be specific tils block does n	c and cannot b rot meet the a	applicable s	e of filing or n tatutory filir	nore than 90 d ig requireme	_ (option lays after fil ents, this d	ing.) P	ursuant t 11 not be	o 605.020 e listed a
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