L03000045285

(Requestor's Name)					
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(Bu	siness Entity Name)				
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SECRETARY OF STATE
TALL A HASSEE FLORIDA

COVER LETTER

Registration Section

TO:

Division of Co	orporations		
SUBJECT:	Fly Th	e Alarus, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	4.0 6
Please return all corresp	oondence concerning this matter	to the following:	
		Jerry Anderson	CT 12 PH 3:56
		Name of Person	
		Name of Person	جد برات ا
		Firm/Company	7
		Address	
	Palm	Beach Gardens, FL 33418	
		City/State and Zip Code	
	sar	ah.anderson@svn.com	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information	concerning this matter, please of	eall:	
C.	arah Anderson	206	233-5985
	of Person	at (386) Area Code & Daytime	
	V-1-0.00.		
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
▼] \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
			• • • • •
MAI	LING ADDRESS:	STREET/COURI	FR ADDRESS:
	stration Section	Registration Section	
Divis	ion of Corporations	Division of Corpora	
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle
i aliai	nassec, 11. 52.114	Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fly The Ala		.	2	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our iability Company)	records.		
The Articles of Organization for this Limited Liability Company Florida document numberL03000045285	were filed on11/1	3/2003	and assigned and assigned and assigned	
This amendment is submitted to amend the following:			ALLE	
A. If amending name, enter the new name of the limited liab	llity company here:		,	
SVN Auction Se	_			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the o	designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	4440 PGA Blvd, Suite 600			
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gardens, FL 33410			
Enter new mailing address, if applicable:	4521 PGA Blvd #277			
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, FL 33418			
The Hogistella Office Fladiciss.	e: Blvd, Suite 600 Enter Florid Beach Gardens	da street address	33410	
	City	Z	ip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Add Remove
 			Add Remove
			Add
			Remove
			∐Add
			Remove
			Add Remove
D. If aman	ding any other information, enter change	a(u) have (Attach additional plants if augustum)	
D. 11 amen	aing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
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Dated	October 9 . 20	13	
	Ou DOI		
	Signature of a member	or authorized representative of a member	
		Jerry Anderson or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00