#10400005331

(Req	uestor's Name)	······
(Add	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi CORRECTION CONVERSATION	TO DOCUM	MENT PER DIANA 14 KS

Office Use Only



200261928212

07/03/14--01023--011 **818.75

THE PARTS OF STATE

K.SALY EXAMINER JUL -8 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2014

SANDA BEDINGFIELD 370 CELESTIAL WAY JUNO BEACH, FL 33408

SUBJECT: S & V, LLC

Ref. Number: L04000005331

We have received your document for S & V, LLC and your check(s) totaling \$818.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is G14237 "SANVIN, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 214A00014475

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SANVIN LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDA BEDING-1E/4 Name of Person
54VLLC (59VLUC)
370 CE/ESTIAL WAY Address
June BEACH FM 33408 City/State and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sanda SEO/M 15-1d at (561) 626-9014 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 JUL -3 PM 2 -
SECRETARY OF STATE

5+VLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) $: \mathsf{LURIM}_{\mathbb{A}}$ The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number 20-0625798 *L04000005331 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 370 CELESTIAL WAY 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:

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Type of Action SANDA BEDINGTIELD 370 CELESTIAL WALL WALL Juno BEACH, Fe 33408 - Remove MGRM CAESAR MALATERRA 370 CE/ESTIAI WAY Add Juno BEACH IFL 33408 - Remove ☐ Remove □ Add ☐ Remove □ Add □ Remove □ Add □ Remove

Di,			re: (Attach additional sh - VLLP	, , , , , , , , , , , , , , , , , , ,
W/+	N STATEMENT H SANYIN	1 hhe		
		<u></u>		
e effective dat	e, if other than the date of f e must be specific, cannot be prior nument is filed by the Florida Depar	to date of receipt or	filed date and cannot be more	(optional) than 90 days after
	,	tillett of State)		
ted 6/36	7/1 4			
ated <u>(0 36</u>	Janka B	-, EDraft	3deld	
Dated <u>(0 36</u>	Sanka B Signature	of a member de ani	BJELE horized representative of a me	mber

Page 3 of 3

Filing Fee: \$25.00