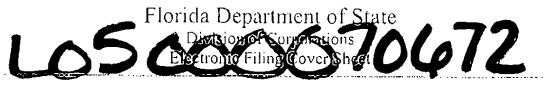
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To:		Service	o Mous
101	Division of Corporations	99	e MOUQ 4323.000
_	Fax Number : (850)617-6383 $CBV$	,	
From;	Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone ; (954)525-7500 Fax Number : (954)761-8475		
**Enter	the email address for this business er	tity to be used	for future
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Emplany as it now appears on our records,) (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	signed
	signed
	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SERVICE VENTURES PROPERTIES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L	J.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 ne	ov rogistare/
agent and/or the new registered office address here:	W registerer
	202
Name of New Registered Agent:	š <del>=</del> ,
New Registered Office Address:	
Enter Florida street address : O	
Florida, Florida	<u> </u>
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent;	- 5
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents filled to merely reflect a change in the registered office address, I hereby confirm that the limited liabition company has been notified in writing of this change.	ith and nument is

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
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			= Remove
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ed		A signature of	a member or sul	horized represent	elive of a member	<del></del>	

Filing Fec: \$25.00

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