

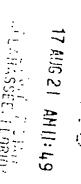
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## **COVER LETTER**

SUBJECT: EXPRIVIT 64 Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are subt dited for filing.
Please return all correspondence concerning this matter () the following.
Hychol Walker Name of Person The Walker Deency Firm Company
The Walken Deency
3455 PEACHTREE IND BLVD # 305
Duluth, GA 30096  City State and Zip Code
Figure and Zip Code
For further information concerning this matter, please ca :
My Chal Walker at 1904, 173 - 4706 Name of Person Aren Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25 00 Filing Fee Cortificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section . . . .

Division of Corporations

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 Fallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SV 00:1/A LLC

C/ /KI	VE CC
(Name of the Limited Lit h	ida Limited Liability Company)
The Articles of Organization for this Limited Liabili a Florida document number <u>LOGOOO</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the i	mited liability company here:
The new name must be distinguishable and contain the words.	imited Liability Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL I	DULUH, GA 30096
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3455 PEACHTAGE IND BWD 60, 15 # 305 Duluth, GA 30096
B. If amending the registered agent and/or regregistered agent and/or the new registered office re	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:  New Registered Office Address:	Sychal H. Walker 3451 SW 137 HDAVE
!	Enter Florida street address  Mirante Florida 33027  Zip Cock

## New Registered Agent's Signature, if changing Regist red Agent:

I hereby accept the appointment as registered age at and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper an Leomplete 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

MGR = Manager AMBR = Authorized Member Title Type of Action JORGE L. BURGOR 3451 SW 137 AVR DANG HIMMAN, FL 33027 Remove \_\_\_\_ 🗆 Change 5 SUSAN K. BURGOA 3451 GW 137 DOC DAD HINAMAR, FL. 33027 Scening \_\_\_\_\_ □ Clunge P Mychae Walker 3455 Peachtner Ind Blid Know Su, & # 30T \_\_\_\_ Remove Duluth, 6/1 30096 Ochange □ ∧dd \_□ Remove \_□ Add ☐ Remove \_\_\_\_ □ Change

. If amending Authorized Person(s) authorized to nanage, enter the title, name, and address of each person being added

or removed from our records: .

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filing Fee: \$25.00