## 10900033835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #/	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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04/22/16--01011--026 \*\*25.00

SECOTOR SOLUTION S

## **COVER LETTER**

SUBJECT:    SOVI NETWORK, 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:  JUSTIN MERRELL  Name of Person  SOVI NETWORK, LLC  Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	
Please return all correspondence concerning this matter to the following:  JUSTIN MERRELL  Name of Person  SOVI NETWORK, LLC  Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	•
JUSTIN MERRELL  Name of Person  SOVI NETWORK, LLC  Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	
Name of Person  SOVI NETWORK, LLC  Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	
SOVI NETWORK, LLC  Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	
Firm/Company  400 CLEMATIS ST, STE 202  Address  WEST PALM BEACH, FL 33401  City/State and Zip Code	
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WEST PALM BEACH, FL 33401  City/State and Zip Code	77
City/State and Zip Code	ĺ
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E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SCOTT DISALVO 561 659.1177	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

SOVI NETWORK, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on APRIL 7, 2009	and assigned
lorida document number L09000033835		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	-1.0 1.5
VHOLLY FIT NETWORK, LLC		F.S. C
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or	the abbreviation "L:L;C,"
nter new principal offices address, if applicable:	400 CLEMATIS STREET	22
Principal office address MUST BE A STREET ADDRESS)	SUITE 202	
	WEST PALM BEACH, FL 33401	1 <b>0</b>
		<u>5</u>
nter new mailing address, if applicable:	400 CLEMATIS STREET	
Mailing address MAY BE A POST OFFICE BOX)	SUITE 202	
	WEST PALM BEACH, FL 33401	i
i. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on our records, e	
New Registered Office Address:		
The state of the s	Enter Florida street address	
	, Florid	la
	City	Zip 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 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

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

$\mathbf{AMBR} = \mathbf{A}$	Authórized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other than th	he date of filing:	(opt	ional)
effective date is listed, the date m	nust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after	er filing.) Pursuant to 605.0
	Department of State's records.	atutory ming requirements, in	is date will not be listed
ecord specifies a delay- ne 90th day after the re	ed effective date, but not an ecord is filed	effective time, at 12:01	a.m. on the earlie
ie John day diter the re	.cord is med.		
APRIL 17	2016		
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Typed or printed name of signee

Filing Fee: \$25.00