L10000100396

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B. KOHR
OCT - 6 2010
EXAMINER

SECRETARY OF STATE STATES OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Cor			
CHRI	ECT:	SIV	/CO, LLC	
SODO	EC1		ted Liability Company	
		Amendment and fee(s) are sub	-	10 OCT -1 PH THE SS
			RICHARD RAY Name of Person	
			Firm/Company	ٽ
61		610	08 26TH ST W SUITE 2	
		BRAD	ENTON, FLORIDA 34207	
			City/State and Zip Code	
		E-mail address: (ARTPRC@AOL.COM to be used for future annual report notifications.	ation)
For fu	irther information o	concerning this matter, please o	call:	
		CHARD RAY of Person	at (941) 7 Area Code & Daytime	55-3731 Telephone Number
Enclo	sed is a check for t	he following amount:		
□ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	SIV	CO, LLC		50
(<u>Na</u>	me of the Limited Liability Co (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization f	or this Limited Liability Com	pany were filed on	09/27/2010	and assigned
Florida document number	L10000100396			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	liability company he	<u>re</u> :	
The new name must be distingu "L.L.C."	ishable and end with the words '	Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MU	ST BE A STREET ADDRES	<u></u>		
		<u></u>		
Enter new mailing address,	if annlicable:			
(Mailing address MAY BE A				
B. If amending the regist registered agent and/or the			our records, <u>enter t</u>	he name of the new
Name of New Regis	tered Agent:	-		
New Registered Off	ice Address:	,	A Flada a 1	
		Enter Florida street address		
		City	, Florida	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Address Title Name** MGRM SERGI VERCHENOV ☐ Add 118 PEARL AVENUE ✓ Remove SARASOTA, FLORIDA 34243 SERGEI VERCHENOV MGRM ✓ Add 118 PEARL AVENUE SARASOTA, FLORIDA 34243 Remove ☐ Add ☐ Remove ∏A₫d Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 27 2010 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00