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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000883

Phone : (305)932-6262 Fax Number : (305)933-9393

Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.

Email Address: 1050 @ Serherlaw firm. com

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S.C.V.M LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

S.C.V.M LLC		
(Name of the Limited Liability (A Florida	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on Oor 2012011 and assigned	
Florida document number L11000110811	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
in many guarant and an	A A C C C C C C C C C C C C C C C C C C	
B. If amending the registered agent and/or regis	stered office address on our records, enter the nameoof the new	
registered agent and/or the new registered office add	ress nere:	
Name of New Registered Agent:	728	
New Registered Office Address:	Enter Florida street address	
	-	
	, Florida	
O Cabanaina Degisters	·	
New Registered Agent's Signature, if changing Registere	A second to get in this canacity. I further garee to comply with the	
provisions of all statutes relative to the proper and of	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability	
	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 = Ma AMBR = Au	nnager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Page 2 of 3	

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). If amending any other information, enter	change(s) here: (Attach additiona	al sheets, if necessary.)	
, it amending any other intormation, care-	(manage(s)		
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		(optional)	
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to	ling:	more than 90 days after	
the date this document is filed by the Florida Depart	ment of State)		
August 7	2019		
Dated August 7	_,		
	Note that the second state of the second state of the second seco	Co member	-
	a member or puthorized representative o	12 11211041	
Daniel J. Serber			_
	Typed or printed name of signee		
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