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## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SHRJE	CCT:	SVDM PR	OPERTIES, LLC	
<b>БОВ</b>			ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			ARIE MREJEN, ESQ.	<del></del>
			Name of Person	
		/	ARIE MREJEN, P.A.	
			Firm/Company	
		701 W CY	PRESS CREEK RD., ST	E 302
			Address	
		FTI	AUDERDALE, FL 33309	
			City/State and Zip Code	
		AMRE	JEN@MREJENLAW.OM to be used for future annual report no	1
For fur	ther information of	e-mail address: (i	·	ancation)
	AF	RIE MREJEN	at ( 954 )	771-3740
	Name (	of Person	Area Code & Dayr	ime Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVDM	PROPERTIES, LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	02/28/12	and assig	gned
Florida document numberL12000028301	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company here	2:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "L	LC" or the ab	breviatio
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)		2	15.55 15.55
			A R	
			12	
Enter new mailing address, if applicable:		**************************************	무	
(Mailing address MAY BE A POST OFFICE BOX)	WET - 1-4 - 1		<u></u>	
			9	3.65
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter t</u> l	he name of	the nev
Name of New Registered Agent:				
New Registered Office Address:		******		
	Ente	er Florida street addi	ress	
		, Florida		
	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 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** <u>Name</u> APP Financial Group, LLC MGRM 580 Ansin Blvd. ✓ Add Hallandale, FL 33009 Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add

—— Dated	March 6	2012	

Remove

Page 2 of 2

Filing Fee: \$25.00