L12000040960

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Sections Ellis, Hame)					
(Document Number)					
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12 JUN 14 AH 11: 5:

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 5 2012

T. HAMPTON

COVER LETTER

то:	Registration S Division of Co						
SURJECT: SVC JOINT VENTURES, LLC							
Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	ondence concerning this matte	r to the following:				
·L			OUIS J. TERMINELLO Name of Person				
TERMIN			IELLO & TERMINELLO	, P.A.			
			Firm/Company				
27			00 SW 37TH AVENUE				
Address							
	MIAMI, FLORIDA 33133						
	City/State and Zip Code						
		mi E-mail address: (chelle@terminello.com to be used for future annual report	notification)			
For fur	ther information	concerning this matter, please	call:				
Michelle Acebal-Crespo		at (305)	444-5002				
	Name (of Person	Area Code & D	aytime Telephone Number			
Enclos	ed is a check for t	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN 14 AM 11:55

	<u>NT VENTURES, LL</u>					
(Name of the Limited Liabili (A Florida	<u>ty Company as it now appea</u> a Limited Liability Company)	r <u>s on our records.</u>)				
`						
The Articles of Organization for this Limited Liability	Company were filed on	03/23/2012 and as	signed			
Florida document number L12000040960						
This amendment is submitted to amend the following:		·				
A. If amending name, enter the new name of the li	nited liability company he	<u>·e</u> :				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the	abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADE	ORESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
			·			
B. If amending the registered agent and/or regi	stered office address on (our records, enter the name o	of the new			
registered agent and/or the new registered office ad		, <u></u>				
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	New Registered Office Address: Enter Florida street address					
	City	, Florida Zip Code				
		sip come				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AARONSON, DANNY	3040 SW 30TH AVENUE PEMBROKE PARK, FL 33009	Add Remove
MGRM	LOFRISCO, SALVATORE	3040 SW 30TH AVENUE PEMBROKE PARK, FL 33009	Add Remove
MGRM	BENJAMIN, JAMIE	3040 SW 30TH AVENUE PEMBROKE PARK, EL 33009	☐ Add ☐ Remove
MGRM	BEASLEY, WILLIAM M	3040 SW 30TH AVENUE PEMBROKE PARK, FL 33009	✓ Add — Remove
,			Add Remove
<u> </u>			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
<u>Al</u> 	DD FEIN # 45-4920211		SECRETARY OF SIVE
Dated	JUNE 13 , 20	112 W	55
		or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00