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COVER ETTER

1	COVEREETTER	
TO: Registration Se Division of Cor		
SURVECT IVEL	IN (FL), LLC	
SUBJECT: IV	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Iva Samost	
	Name of Person	
	Iva Samost Revocable Trust	
	Firm/Company	
	PO Box 368	2014
	Address	
	West Berlin, NJ 08091	2014 AUG 29 PM 1: 43
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	52 -
For further information co	oncerning this matter, please call:	5
Iva Samos	st at (856, 768-9100	
Name of		
Enclosed is a check for th	e following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy Certificate	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVELIN (FL), LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 03/27/2012 and assigned Florida document number L12000042649				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC"			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	4	(i) (i) (ii) (ii) (ii) (ii) (iii) (i		
,		35 9		
Enter new mailing address, if applicable:		55 - III		
- · · · · ·		一点		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the new		
New Registered Office Address:				
	Enter Florida street address			
	, Florid			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	1			

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Name</u>	Address Type of Action	<u>)n</u>
JOSEPH SAMOST	PO BOX 368 ■ Add	
	WEST BERLIN, NJ 08091	
CHRISTINE BEIKMAN	230 COOPER ROAD	
	WEST BERLIN, NJ 08091	
	Add	
	Remove	
	Add S	
	A Spirentove a Spirentove a	Marie I
	THE PROPERTY OF THE PROPERTY O	
	Adi-	J
	Remove	
	Remove	
	Manager Authorized Member Name JOSEPH SAMOST	Type of Active Member Name Address PO BOX 368 WEST BERLIN, NJ 08091 Remove CHRISTINE BEIKMAN 230 COOPER ROAD WEST BERLIN, NJ 08091 Remove Add Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:(The effective date must be specific, cannot be prior to date of recei	(optional)
`	the date this document is filed by the Florida Department of State	
	Dated AUGUST 25 20	14
	In Surant	·
	_	r authorized representative of a member
	IVA SAMOST	
	Typed or	r printed name of signee

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Filing Fee: \$25.00

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