

L12 000 133 531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

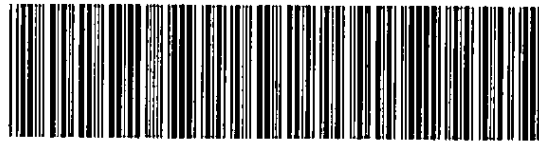
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2022 JAN -7 PM 12:16  
CLERK OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SVSD SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES PUGSLEY  
Name of Person

SVSD SERVICES, LLC  
Firm/Company

7777 GLADES RD #100  
Address

BOCA RATON, FL 33434  
City/State and Zip Code

CHUCK@LIFESAFEASSOCIATES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES PUGSLEY at ( 561 ) 929-4884  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                    |  |   |  |
|--------------------|--|---|--|
| \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------|--|---|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SVSD SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 19, 2012 and assigned  
Florida document number L12000133531.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

7777 Glades Road, Suite 100

**(Principal office address MUST BE A STREET ADDRESS)**

Boca Raton, FL 33434

**Enter new mailing address, if applicable:**

7777 Glades Road, Suite 100

**(Mailing address MAY BE A POST OFFICE BOX)**

Boca Raton, FL 33434

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Charles Pugsley

New Registered Office Address:

7777 Glades Road, Suite 100

*Enter Florida street address*

Boca Raton

*City*

Florida

33434

*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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles Pugsley	7777 Glades Road, Suite 100	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Bishop	830 NW 83rd Lane	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-20-2021, \_\_\_\_\_

X John Bishop  
Signature of a member or authorized representative of a member

John Bishop

Typed or printed name of signer

**Filing Fee: \$25.00**