

MAR-04-2013 11:45 From:

To: 850-245-6804

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Division of Corporations

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L130000013845

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000050004 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DORAL NOTARY CORPORATE FILING, INC
Account Number : I20120000057
Phone : (305) 436-0979
Fax Number : (305) 592-5575DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SV WORLDWIDE VENTURES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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251W

J. SAULSBY
EXAMINER

MAR 5

Electronic Filing Menu

Corporate Filing Menu

Help

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To:18506176381

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H13000013845

H13000013845

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SV WORLDWIDE VENTURES, 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 01/25/2013 and assigned
Florida document number L13000013845.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2013 MAR -4 AM 8:22
ALL INFORMATION
STATE OF FLORIDA

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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:

N/A

New Registered Office Address:

Enter Florida street address

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

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H130000-0004

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

Title	Name	Address	Type of Action
MGR	VICTOR HERRERA ZENIL (60%)	1375 NW 97TH AVE #2 DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VICTOR HERRERA ZENIL	1375 NW 97TH AVE #2 DORAL, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEPHANO HERRERA DA SILVA (20%)	1375 NW 97TH AVE #2 DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	STEPHANO HERRERA DA SILVA	1375 NW 97TH AVE #2 DORAL, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VICTOR HERRERA DA SILVA(20%)	1375 NW 97TH AVE #2 DORAL, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VICTOR HERRERA DA SILVA	1375 NW 97TH AVE #2 DORAL, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

MAR-04-2013 11:26 From:

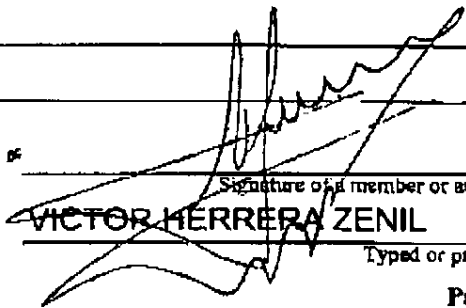
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

VICTOR HERRERA ZENIL

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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