L1400006889

	museteda Nama	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE

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T. Burch FEB - 5 2015

COVER LETTER

	istration Sect ision of Corp			٠
CUD IDOT.	VJ CONT	RACTOR		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	ł Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		CharlesWorth Victor		
			Name of Person	
		VJ CONTRACTOR		
			Firm/Company	
		2239 Douglas Street	t, Apt 2	
			Address	
		Hollywood, Florida 3	3020	
			City/State and Zip Code	
		charlesworthvictor@c	gmail.com to be used for future annual report notific	cation)
For further i	iformation coi	ncerning this matter, please or	·	eation)
	orth Victor			
	Name of I		at (954) 665 9 O Daytime	YOZ Telephone Number
	ranic or i	Cladia	Area code Daytime	relephone (value)
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VJ CONTRACTOR LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) red Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L1400006889	any were filed on 01/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
SZCV LLC		
The new name must be distinguishable and end with the words "Limited l	Liability Company," the designation "LLC" or t	he abbreviauon "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	N/A	TALLAHASSEE, FLORIDA er the name of the ne
registered agent and/or the new registered office address l	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Alaryda strest Adress 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 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>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Remove
			TACRECAL ASSET
			H L. ES
			□ Remove
			Remove
<u> </u>			□ Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary			
			
(Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)			
Dated			
Signature of a member of authorized representative of a member			
Typed or printed name of signee	TAL	_ ;;	
	TAHA!	JAN 3	70.00
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Filing Fee: \$25.00