# L14000061256

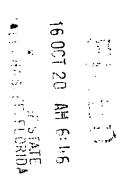
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Called 10/21/16  Weed only 1 RH



600290505196 U4-61256

09/23/16--01013--018 \*\*52.50

NC



WCB only Inessa Signed Strang returned Calland said "Inessa Will continue as RA

N. CAUSSEAUX OCT 21 2016

#### **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: SV Express UC  Name of Limited Liability Company
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:
INESSA VANKOV Name of Person
pro recording to the contract of the contract
SV Express UC Firm/Company
Firm/Company
12281 CALAIS STREET Address
Address
Jacksonville, FL 32224  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TNESSA VANKOV at (904) 654-6449  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of S
(additional copy is enclosed) 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

INESSA VANKOV SV EXPRESS LLC 12281 CALAIS STREET JACKSONVILLE, FL 32224

SUBJECT: SV EXPRESS LLC Ref. Number: L14000061256

We have received your document for SV EXPRESS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form completed is for a corporation not an LLC. You cannot file a "D/B/A" name on an amendment form. If you need to file a "D/B/A" you need to file a ficitious name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 916A00020559

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SV Express LLC

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

(1)	r ronda istimua istaonii	, company,			3
The Articles of Organization for this Limited Liab Florida document number		filed on	PpR. 10,20	o14 and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t			_		
Marks Express The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the de	signation "L or the	abbreviation "L.L.C"	******
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		12281 Jackso	CALAIS S NVILLE, FO	treet 2 32224	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bo	<u></u>	S	AME SAME SAME		_
			SAME		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:		,		new
Name of New Registered Agent:	INESSA 12281 C.	VANI	kov, "	<u>, , , , , , , , , , , , , , , , , , , </u>	_′
New Registered Office Address:	12281 C	ALA; S Enter Florid	STREET da street address		
	JAOLISON			32224 Zip Code	_
		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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR= N AMBR = A	Manager Authorized Member	. ,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ffective date, if other than the an effective date is listed, the date mu	date of filing	g:	to data of filing or r	or than 90 days at	otional) Per filing \ Pursuant	to 605 020
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ocument's effective date on the E	epartment of s	state's records.				
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October	/.3	2016				
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Page 3 of 3

Filing Fee: \$25.00