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.

(((H14000260056 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 ; (727)442-1200 : (727)443-5829 Fax Number

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

Email	Address:									
-------	----------	--	--	--	--	--	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SVJ, L.L.C. Certificate of Status Certified Copy Page Count 03 \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menuggy 1 0 2014

Help

T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVJ, L.L.C.		TALL SEC
(Name of the Limited) (A	Ciability Company as it now appears on our records Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L14000141627	ility Company were filed on September 10), 2014 SE and assigned T
This amendment is submitted to amend the follow:	ng:	: 28 TATE ORIE
A. If amending name, enter the new name of th	e limited liability company here:	>> .
The new name must be distinguishable and end with the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e;	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>	, Flor	
	City	Zip Code

Now 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Kirit Mithani	3054 Wentworth Way	
		Tarpon Springs, FL 34688	Remove
MGR	Vimesh Mithani	3054 Wentworth Way	A dd
		Tarpon Springs, FL 34688	□ Remove
	,		□ Add
M			☐ Remove
			TALL AND VALUE A
			RY OF STARE SSEE, FLORIDA Remove
			Add Remove
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
e j	Effective date, if other than the date of filing: (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 November 7 2014						
	alsHan						
	Signalare of a member or authorized representative of a member						
	ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE						
	Typed or printed name of signee	_					

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE