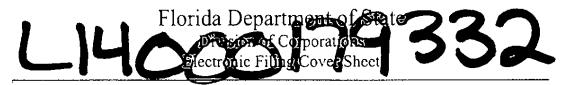
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**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 : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

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

Email Address: <u>Servicespabkcorp.Com</u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SR NEIVA LLC

14:1 Hd 6- WH 6

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 HAR -9 AH 8: 54

APPROVED AND FILED

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				COVER LETTE	R			
	то:	Registration Section Division of Corporat	ions					
	CUDIE	SR NEIVA LLC						
	SUBJECT: Name of Limited Liability Company							
	The end	losed Articles of Amen	dment and fee(s) are	submitted for filing,				
	Please 1	eturn all correspondenc	e concerning this mat	tter to the following:				
				FRANCIA CARMONA				
				Name of Person				
			A	CCOUNT BOOKKEEPING	CORP			
		_		Firm/Company				
			5	301 CONROY RD. STE 14	0			
				Address				
				ORLANDO, FL 32811				
		<del></del>		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
				services@abkcorp.com				
		E-mail address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:							
		FRANCIA CARM	10NA	407 898 at ( )	3-1757			
	<del></del> .	Name of Person	n	Area Code	Daytime Telephone Number			
	Enclose	d is a check for the follo	owing amount:					
	<b>≘ \$</b> 25	.00 Filing Fee 🔲 🤇	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &			
		Mailing Address: Registration Sectio	n	Street Ac	<u>Idress:</u> ation Section			
		Division of Corpor		<del>-</del>	n of Corporations			
		P.O. Box 6327		The Cer	ntre of Tallahassee			
		Tallahassee, FL 32	314		. Monroe Street, Suite 810 ssee, FL 32303			

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SR NE	EIVA LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document numberL14000179332	pany were filed on 11/19/2014	and assigned
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.Les"
Enter new principal offices address, if applicable:		7 <b>2 Ks</b>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	R - FA
		No.
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the na	me of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<del></del>
	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

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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

Title	<u>Name</u>	Address	Type of Action
MGRM	FLAVIA MANHAES	15640 LAKE IOLA RD	DAdd
		DADE CITY, FL 33523-7463	■Remove
			□Change
MGRM	FABIANO CP MARTINS	2612 ROBERT TREN JONES DR. APT 721	≣Add
		ORLANDO, FL 32835	□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

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