

L15 000 021 853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

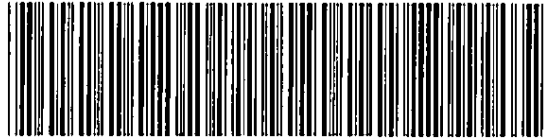
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/30/24--01025--015 \*\*30.00

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FILING OFFICE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUM Holdings LLC  
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:

Yodysleydis Veloz  
Name of Person

SUM Holdings LLC  
Firm/Company

2218 Wandering Oak Terr.  
Address

Kissimmee FL 34746  
City/State and Zip Code

MANNYSLLC@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MADRERO at (786) 527-4804  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUM Holdings 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 2/4/2015 and assigned Florida document number LS000021853.

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.L.C."

Enter new principal offices address, if applicable:  
*(Principal office address MUST BE A STREET ADDRESS)*

2218 WANDERING OAK TERR  
KISSIMMEE FL. 34746

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

SAME AS ABOVE

**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:

Yudysteydis Veloz

New Registered Office Address:

2218 WANDERING OAK TERR.

Enter Florida street address

Kissimmee

City

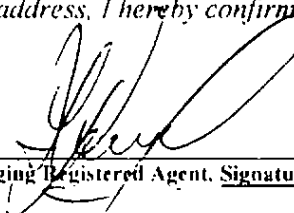
Florida

34746

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUAN MADIEDO</u>	<u>780 E. 42 ST HIA, FL 33013</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Shady Steydis Veloz</u>	<u>2218 WANDERING OAK TER KISS FL 33706</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I Yudysleydis Veloz, Accept The  
Appointment And ARE Familiar with  
The Obligations of The position  
Bestoded upon me. *[Signature]*

YUJ

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated 7/25/24

*[Signature]*

Signature of a member or authorized representative of a member

Yudysleydis Veloz

Typed or printed name of signee

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021853

Entity Name: SVM HOLDINGS LLC

Current Principal Place of Business:

780 E 42 STREET  
HIALEAH, FL 33013

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**3374205624CC**

Current Mailing Address:

780 E 42 STREET  
HIALEAH, FL 33013 US

FEI Number: 30-0856295

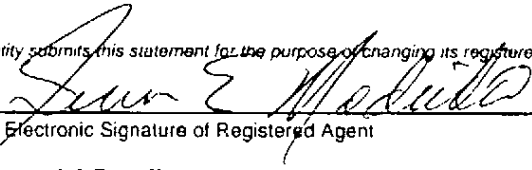
Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADIEDO, JUAN  
780 E 42 STREET  
HIALEAH, FL 33013 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

  
Electronic Signature of Registered Agent

7/25/24  
Date

Authorized Person(s) Detail :

Title MGR  
Name MADIEDO, JUAN  
Address 780 E 42 STREET  
City-State-Zip HIALEAH FL 33013

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 805, Florida Statute; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JUAN MADIEDO

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date