L160000 85677

(Requestor's Name)	600286280916
(Address)	300200200010
(City/State/Zip/Phone #)	
PICK-UP WAIT . MAIL	
~ (Business Entity Name)	
(Document Number)	05/31/1601016018 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co		•	
	ida PB, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sarah Anderson		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	SVN Florida PB, LLC		
		Firm/Company	
	6615 W Boynton Beach B	lvd #326	
		Address	·
	Boynton Beach, FL 33437		
		City/State and Zip Code	
	sarah.anderson@svn.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Sarah Anderson		386 233-5985	
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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVN Florida PB, LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000085673	lity Company were filed on 4/25/16	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	**************************************
		= 3
Name of New Registered Agent:		
New Registered Office Address:		(ဂိုင်္ဂ) ယ
	Enter Florida street address	
-	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	一日
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further a and complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. O istered office address, I hereby confirm that the i ange.	n familiar with and r, if this document is

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>	Address	Type of Action
AMBR	Jerry D Anderson	6615 W Boynton Beach Blvd #326	= Add
		Boynton Beach, FL 33437	Remove
		···	□ Change
			Add
			□ Remove
			☐ Change
			Add
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ective date, if other than the date of filing:	(ontional)	Ν	
reffective date is listed, the date must be specific and cannot be prior to date of filing or more than s	00 days after filing.) Pu	rsuant to	605.0207
te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	ements, this date wil	l not be l	listed as

Page 3 of 3

Filing Fee: \$25.00