L16000091417

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | , |
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Office Use Only



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OF CRETARY OF STATE

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COVER LETTER

| SUBJECT: | SERVITRA | VELLER, LLC | |
|-----------------------------|--|---|--|
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | 4 | , | r |
| | AMAURI | FERMIN MARI | TINEZ |
| | | Name of Person | |
| | SERV | TRAVELLER, Firm/Company | 11C. |
| | | Firm/Company | - |
| | 3959 C | DOKLINS AVENUE | #1906 |
| | | Address | |
| | MIANI E | EACH, 71. 33 | 3140 |
| | amaur | EACH, FL. 33 City/State and Zip Code 4 1209 & Jmai | :(. 05m |
| | E-mail address: (| be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please ca | all: | |
| Angul | Delina | 201 1/17 | 0112 |
| Name of | Part Nez | at (78%) 4/7 Area Code Daytime | - 9613 |
| Name of | i Craon | Area Code Daytine | Telephone (value) |
| | | | |
| Enclosed is a check for th | · · | | |
| \$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) |
| | | | |

Registration Section
Division of Corporations

TO:

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**

| (Name of the Limited Liability (A Florida | NAVELLE (V Company as it now a Limited Liability Comp | | | | |
|--|--|---------------------------|----------------|----------------|----------------|
| The Articles of Organization for this Limited Liability Co. Florida document number | ompany were filed o | | | _ and assign | лес |
| his amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limit | ted liability compa | ny here: | | | |
| he new name must be distinguishable and contain the words "Limi | ited Liability Company," | 'the designation "LLC | " or the abbre | viation "L.L.(| C." |
| Enter new principal offices address, if applicable: | | _ | | | |
| Principal office address MUST BE A STREET ADDR | ESS) | | <u> </u> | FEFTER STATE | n |
| | | | SA | ~ <u> </u> | ***** |
| | | | T'e | _ r | T |
| nter new mailing address, if applicable: | | | | <u> </u> | |
| Mailing address MAY BE A POST OFFICE BOX) | | | ORIO. | 2 | |
| | | | > | ••• | — |
| . If amending the registered agent and/or regist egistered agent and/or the new registered office addr Name of New Registered Agent: | <u>ess here</u> : | FERHIN | | | |
| New Registered Office Address: | | | | | |
| | Ente | er Florida street address | ş | | |
| | | | • • | | |
| | City | , Flo | rida | Zip Code | |

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 = 1 | Manager Authorized Member | | |
|--------------|------------------------------|---|--------------------|
| <u>Title</u> | Name | Address | Type of Action |
| 116R | AMAURI FERMIN MARTINE | 2 5959 COLLINS AVE. #1906 HIAMI BEACH, FL. 33140 | 🗗 Add |
| | | MIAMI BEACH, FL. 33140 | □ Remove |
| | | | Change |
| Mbr | FERMIN HADINEZ | SAME AS ABOVE | Add |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | _□ Change |
| | | | _□ Add |
| | | | _□ Remove |
| | | | Change |
| | | | _□ Add |
| | | ECRETAR EHASS | _□ Remove □ Change |
| | | FE FLORIDA | Remove |
| | | ` | _□ Change |

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| n effec o <u>te:</u> If cumer | e date, if other than the date of filing: |
| reco he 9 | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed. |
| ted | 05/24/3016 |
| | 255 |
| | Signature of a member or authorized representative of a member |
| | AMAURI FERMIN MARTINEZE |
| | |
| | Typed or printed name of signee |
| | |