## 1600231623

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SECULIARY OF SIAIL

HARRIS J. HARRIS

## **COVER LETTER**

Divi	sion of Corpo	rations		
SUBJECT:		& RHOADES CONSULTIN	G LLC	
oobster.		Name of Limi	ited Liability Company	
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		SETHER VILHAUER		
			Name of Person	<del></del>
			Firm/Company	
		8055 COUNTY LINE RD.		
		<u> </u>	Address	
		MELROSE, FL 32666		
			City/State and Zip Code	
		info@sv-precision.com	10.0	
		·	o be used for future annual report notif	ncanon)
For further in:	formation cond	cerning this matter, please ca	ıll:	
SETHER VII			253 301-7955 at () Daytime	
	Name of Po	erson	Area Code Daytime	: Telephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 Fi	ling 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:** 

TO:

**Registration Section** 

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

## VILHAUER & RHOADES CONSULTING 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 Co		and antimad	
Florida document number L16000231623		and assigned	
	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
S V PRECISION LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	<b>2</b> 0.	
	-	75	
Enter new mailing address, if applicable:  (Mailing address MAY RE A ROST OFFICE ROY)		THE PERSON NAMED IN COLUMN NAM	
Enter new mailing address, if applicable:		- I	
(Mailing address MAY BE A POST OFFICE BOX)	***		
		22 - 68	
B. If amending the registered agent and/or registered agent and/or the new registered office address and a Name of New Registered Agent:		ter the name of the nev	
New Registered Office Address:			
Tew registered office radiess.	Enter Florida street address	<del> </del>	
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I a ent as provided for in Chapter 605, F.S. (	om familiar with and Or, if this document is	
	If Changing Registered Agent, Signature of New	v 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> **Address Type of Action** <u>Name</u> \_ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ <u>Ch</u>ang Remove

☐ Change

, ашси	ling any other information, enter change(s) here: (Attach additional sheets, if nece		
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lote: If ocumen e recol	date, if other than the date of filing:	date will not be lis	sted a
	8th May , 2018.		
ited	8th May , 2018.		
	Signature of a member or authorized representative of a member		-
		AHAX	eptonos - proposa
	SETHER VILHAUER  Typed or printed name of signee	SSEE P	grec.
	1 ) bear or brunea mane or signer	71, TY: 38	8 3
		TORREL STATE	gya <b>m</b> .

Filing Fee: \$25.00