11700050943

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5t	Name of Lim	Property Inspection	ows 1/c
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Annon Engle Name of Person	
	Survey E	Easte Property Insperience	ectors 1/c
	1722 5	hermon H RI Address	>
	Winau	City/State and Zip Code Servey Ease (2) 1/45 to be used for future annual report notif	-38
	BRANDON (2) E-mail address: (1)	Sovery Engle 185 to be used for future annual report notif	pections Com
For further information co	oncerning this matter, please co	ult:	
BRANDON Name of	Ez e	at (<u>\$73</u>) <u>95</u> Area Code Daytime	Telephone Number
Enclosed is a check for th			
	☐ \$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

Si-Viey EAGE 1 (Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability CorFlorida document number 1.700050943	mpany were filed on $3/6/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>sss)</u>
	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
***	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

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
MGR	Rebecca Engle	1722 shencmoord RD	Add
		Womanya FL 33598	Remove
			Change
			□ Remove
			Change
	 		🗆 Add
			🗆 Remove
			Change
			□ Remove
		- 	Change
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ctive date, if other than the date effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be pa does not meet the app	licable statutory filir		ling.) Pursuant to 605.02
iment's effective date on the Depar	rtment of State's recor	ds.		
ecord specifies a delayed ef ne 90th day after the record		not an effective	time, at 12:01 a.ı	n. on the earlier
, ,				
ed <u>12/1/17</u>				
//			Cata makin	
Sig	nature of a member or a	morizeu representativ	e of a member	

Page 3 of 3

Filing Fee: \$25.00