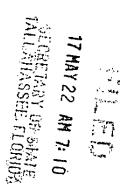
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(Requestor's Name)
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COVER LETTER

TO: 'Registra Division									
S& SUBJECT:	V CON	DOS, LLC							
SUBJECT:	·	Name of Lim	ited Liability Company						
The enclosed Artic	cles of A	mendment and fee(s) are sub-	mitted for filing.						
Please return all co	orrespon	dence concerning this matter	to the following:						
		BYRON RIVADENEIRA							
			Name of Person						
		IRA FINANCIAL GROU	P						
Firm/Company									
1688 MERIDIAN AVENUE, SUITE 504									
			Address						
		MIAMI BEACH, FL 3313	39						
			City/State and Zip Code						
		LLC@IRAFINANCIALGR	IOUP.COM to be used for future annual report notifi	oution)					
For further inform	ation cor	ncerning this matter, please ca	•	cation					
BYRON RIVADE	ENEIRA		305 330-1525						
	Name of I	Person		Telephone Number					
Enclosed is a chec	k 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**

S& V CONDOS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March14,2017	and assigned
lorida document number L17000058230		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	2953 BEERIDGERD	Σ_{c}
-	SARASOTA, FL. US 34239	7
Enter new mailing address, if applicable:	27 N BROADWAY	MAY 22
Mailing address MAY BE A POST OFFICE BOX)	TARRYTOWN, NY 10591	m _o ≥
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSAN M. BRADLEY	5855 MIDNIGHT PASS RD, #733	Add
		SARASOTA, FL. 34242 US	□ Remove
			Change
MGR	VINCENT J. BATYR	27 N. BROADWAY	□ Add
		TARRYTOWN, NY. 10591 US	☐ Remove
			Change
		<u> </u>	□ Add
			Remove
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fective dat	e, if other th	an the date	of filing	: :				_ (optio	nal)		
an effective da	te is listed, the ate inscrted in	date must be s	pecific and	cannot be p				days after	filing.) Purs		
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	ecifies a d			ate, but	not an e	effective	time, at 1	.2:01 a	.m. on t	he ear	lier
The 90th	day after t	he record	s filed.								
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Filing Fee: \$25.00