## U7000103758

(Requestor's Name)
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(City/State/Zip/Phone #)
(Orty) State/21p/ Horic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
SVG GRC SUBJECT:	OUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SORAYA VALERO		
	SVG GROUPLLC	Name of Person	
	9600 NW 25TH STREET.	Firm/Company SUITE 6D	
	MIAMI, FLORIDA, 3317	Address 2	
	SORAYAVALEROGROUP	City/State and Zip Code @GMAHL.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
SORAYA VALERO		954 8152817 at ()	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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, FI. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVG GROUP LLC		
(Name of the Limited L (A.F.	iability Company as it now appears on our records.) lorida Limited Liability Company)	_
The Articles of Organization for this Limited Liabil Florida document number		d assigned
This amendment is submitted to amend the following	nξ:	
A. If amending name, enter the new name of the	e limited liability company here:	014 <b>1</b> 1
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation	<b>B</b> 350 S
Enter new principal offices address, if applicable	2:	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	— <del>– –</del> Cork
		<b>=</b> ₽
		<del>2</del> 41
Enter new mailing address, if applicable:		38
Mailing address MAY BE A POST OFFICE BO	X)	
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the na</u> <u>address here</u> :	ame of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Florida Mreel daarem	
	Florida	
	City Zip (	ode

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SORAYA VALERO	9600 NW 25TH STREET, SUITE 6D, MIAMI, FLORIDA, 33172	Add
			Remove
	HUMBERTO JOSE DIAZ		Change
MGR	VALERO		■ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
		-	Remove

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	38
ffective date, if other than the date of filing:	otional) her filing.) Pursuant to 605.0 his date will not be listed
record specifies a delayed effective date, but not an effective time, at $12:01$ The 90th day after the record is filed.	. a.m. on the earlier
ated SEPTEMBER 12 2018	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00