

L17000189618

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/13/17-01004

J
10/16/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SCHELVAN GROUP "LLC"
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

MONIQUE SCHELVAN
Name of Person

14366 CLARKSON DRIVE
Address

ORLANDO, FLORIDA 32838
City/State and Zip Code

For further information concerning this matter, please call:

MONIQUE SCHELVAN at (407) 443-4420
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee & ☒ \$10.00 Filing Fee & Certificate of Status
☐ \$35.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certified Copy & 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
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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THE SQUELVAN GROUP "LLC"
(Name of the Limited Liability Company as it now appears on our records)
TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/03/2017 and assigned
Florida document number C17000189618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered agent address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR.	DORIANE A. SCHELVAN	14366 CLARKSON DRIVE ORLANDO, FLORIDA 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR.	MONIQUE SCHELVAN	14366 CLARKSON DRIVE ORLANDO, FLORIDA 32836	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 405.02(7) (X)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The 90th day after the record is filed.

Dated OCT. 3, 2017



Signature of a member or authorized representative of a member

MONIQUE SCHEIVAN

Typed or printed name of signer