## L17000 256217

(Re	questor's Name)	·		
(Ad	dress)	<del></del>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u>_</u> _	_			

Office Use Only



700309479007

03/01/18--01025--007 \*\*25.00

18 MAR - 1 PM 7: 52

SLORETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations						
SUBJECT: SV ENGINGURING SERVICES, LL C Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Person  SV Engineer in Court Street N,  Address  ST. PETERS BURG, FL 33713  City/State and 7.ip Code  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:    Soft   S						
Einclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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**

11/9

JV Chaineering	ny as it now appears on our records.)
(Name of the Limited Liability Romps (A Florida Limited	iny as it now appears on our records.) Liability Company)
V	1 + 1
The Articles of Organization for this Limited Liability Company	were filed on $\frac{12/15}{20/1}$ and assigned
Florida document number <u>L17080 256 213</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hty 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)	3637 Town Street Horth
	St. Petersburg, FL 337/3
	$\theta$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office 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:

Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_A	eticle 111	· Other powisions:		
		-(		_
	uson	and cycle Disign	· · · · · · · · · · · · · · · · · · ·	_
G	nd posta	type Fabination		_
	/			
		<b>,</b>		_ #
				HAR
				1-
				- P <b>X</b>
	,			٠ <u>.</u>
				(A)
				-
				<del>-</del>
	<u> </u>			_
	· · ·		· · · · · · · · · · · · · · · · · · ·	_
			-1	
effective date i	is listed, the date must	late of filing: <u>D2-20 - 2x /</u> be specific and cannot be prior to date of filing o	r more than 90 days after filing.) Pursuant to 60	)5.020
		ck does not meet the applicable statutory from the statutory from the state of State's records.	ling requirements, this date will not be lis	ted a
record spec he 90th da	cifies a delayed y after the reco	effective date, but not an effectiverd is filed.	e time, at 12:01 a.m. on the earl	ier c
_				
ed <u>62</u>	·20.2018	·		
	Te	in Cyna		
	<u> </u>	ignature of a member or authorized representat	ive of a member	
	1	(/		

Page 3 of 3

Filing Fee: \$25.00

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>	Name	Address	Type of Action				
AMBL	Shemthon Sati	6098 110th Ave North					
	J	Linelles Sort, Fl. 33782	Remove				
	<i>'</i>		Change				
AMBR	long Saysana	3037 lown Street No.	E Add				
	0 0	St. Petrious, H_ 33713	🗆 Rепюче				
			Change				
			□ Add				
			Remove				
			□ Change				
			🗆 Add				
			□ Remove				
			Change				
			□ Add				
			Remove				
		<del></del>	Change				
		<del></del>	O Add				
			Remove				
			<b>-</b>				