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ALLAHASSEE, FLORIDA

APR 25 2018

J CHAVERS

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		m Coast, LLC		
SUBJEC	1 ·	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Andrew C. Grant, Esq.		
			Name of Person	
		Chiumento Dwyer Hertel C	Grant & Kistemaker, P.L.	
			Firm/Company	
		145 City Place, Suite 301		
			Address	
		Palm Coast, FL 32164		
			City/State and Zip Code	····
		UShah7@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please ca	ali:	
Caroline l	McNeil		386 445-8900 ext	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.04	0 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

SVMU Palm Coast, LLC			
(<u>Name of the Lim</u>	(A Florida Limited	any as it now appears on our r Liability Company)	records <u>.</u>)
he Articles of Organization for this Limited lorida document number L180000606660	Liability Company	were filed on $\frac{03/07/2018}{}$	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	10 Kingswood Drive	
Principal office address MUST BE A STRE	ET ADDRESS)	Palm Coast, FL 32137	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	Palm Coast, FL 32137	
s. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:			cords, enter the name of the
New Registered Office Address:	10 Kingswood		ARY SSE
•	Palm Coast	Enter Florida street d	, Florida $\frac{137}{137}$ N
		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	Upendra Shah	10 Kingswood Drive	□ Add
•		Palm Coast, FL 32137	Remove
			Change
MGR	Sweta Shah	10 Kingswood Drive	Add
		Palm Coast, FL 32137	□ Remove
			■ Change
			Add
			Remove
			Change
			Add
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Filing Fee: \$25.00