## L18000284718

(Re	equestor's Name)	·	
(Ac	ldress)		
(Ac	ldress)		
(Cri	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Dd	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



200322821942

2019 JAN -4 AM 9: 16

01/07/19--01002--013 \*\*25.00

PROFESSION OF BUSING

inger Tirranda



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SVR Property Managr	ment, LLC			
			<del></del>	Art of Inc. File
	-			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		Ì		Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
		}		Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		<del></del>		Fictitious Owner Search
Signature			<del></del>	Vehicle Search
				Driving Record
Requested by: Seth	01/04/10		<del></del>	UCC 1 or 3 File
	$\frac{01/04/19}{Date}$	Time		UCC 11 Search
Name	Date	TITIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

то:				
emo m		ERTY MANAGEMENT, LLC	:	
SOBJE	<u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	retum all correspo	ndence concerning this matter	to the following:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Jeffrey Terwilliges				
Division of Corporations  SUR PROPERTY MANAGEMENT, LLC  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:  Jeffrey Terwillige:  Name of Person  SVR Property Management, LLC  Firm/Company  1924 University Blvd. W.  Address  Jacksonville, FL 32217  City/State and Zip Code  JTerwilliger@SVRRealtyFL.com  E-mail address: (to be used for future admiral report notification)  For further information concerning this matter, please call:  Amy Marie Vo  Name of Person  Name of Person  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy				
	<del></del>			
		SVR PROPERTY MANAGEMENT, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Jeffrey Terwilliges  Name of Person  SVR Property Management, LLC  Firm/Company  1924 University Blvd. W.  Address  Jacksonville, FL 32217  City/State and Zip Code  JTerwilliger@SVRRealtyFL.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  Vo  1904  Name of Person  Area Code  Daytine Telephone Number  a check for the following amount:  Filing Fee  Certificate of Status  Certificate of Status & Certified Copy  (additional copy is neclosed)  Certificate of Status & Certified Copy  (additional copy is neclosed)		
			<del></del>	
		E-mail address: (	of Limited Liability Company  re submitted for filing.  natter to the following:  Name of Person gement, LLC  Firm/Company d. W.  Address  217  City/State and Zip Code ealtyFL.com dress: (to be used for future annual report notification) ease call: at (	
For fu	ther information c	oncerning this matter, please ca	all:	
Amy N	Mari <b>c</b> Vo		904 495-0400 at ( )	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**

SVR Property Management, LLC

ork Hoperty Management, EEC			FF1
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears or	our records.)	و مست
(A Florida Limited	Liability Company)		9: 16
	12/12/	1010	ि सि क
ne Articles of Organization for this Limited Liability Compan	y were filed on 12/12/		and assigned
orida document number L18000284718			
is amendment is submitted to amend the following:			
· ·			
If amending name, enter the new name of the limited lia	bility company here:		
c new name must be distinguishable and contain the words "Limited Lia"	11'- C 11 d - d:-		the state of CO
e new name must be distinguishable and contain the words. Limited Liat	onity Company, the desig	iation "LLC" or the at	objeviation "L.L.C.
nter new principal offices address, if applicable:			
· · · · · · · · · · · · · · · · · · ·			
rincipal office address MUST BE A STREET ADDRESS)			
tter new mailing address, if applicable:			<del>.</del>
Iniling address MAY BE A POST OFFICE BOX)			
16 P. A			
If amending the registered agent and/or registered ogstered agent and/or the new registered office address he		r records, enter	the name of the
astered agent and/or the new registered office address ne	<u>re</u> :		
Name of New Registered Agent:			
Name of New Registered Agent:		<del></del> :	
Name of New Registered Agent:  New Registered Office Address:			
	Enter Florida s	treet address	
	Enter Florida :		
	Enter Florida : City	treet address , Florida	7:. C-1.

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

 $\mathbf{e}_{i} = \mathbf{e}_{i} + \mathbf{e}_{i} = \mathbf{e}_{i}$ 

<u>Title</u>	Name	Address	Type of Action
MRG	Michelle Altamore	1924 University Blvd W, Jacksonville, FL 32217	<b>B</b> Add
			Remove
			Remove
			□ Change
			□ Add
			□ Remove
			Change
		<del></del>	□ Remove
		<del></del>	Change
		<del></del>	Add
		<del></del>	□ Remove
			Change
			Add
		F-F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Remove
			Change

. If amending any other information	, enter change(s) he	re: (Attach addition	al sheets, if necessar	y.)	
·					
····					
		···			
				<del> </del>	
	<del>.</del>		<del></del>		
·		·····			
	<del></del>		············		
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the appli	icable statutory filing	(optional e than 90 days after filing requirements, this date	) g.) Pursuant to 605 will not be liste	.0207 (3)(I ed as the
the record specifies a delayed ef ) The 90th day after the record	fective date, but n		ne, at 12:01 a.m.	on the earlie	er of:
) The 90th day after the record		1		2019	ಆಸ್
Dated January 4	. (2019	<u>_</u> .		2019 JAN TH	ا همد ع مورو
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	?			
Sign	nature of a member or aut	horized representative o	i a member	in in the second	9.
Amy Maric Vo				m:-	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00