1190000 81110

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Name Change

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COVER LETTER

	istration Sect sion of Corp					
	SVI Luxury 6	Cars LLC				
SUBJECT:						
		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Alejandra Arbelacz				
Name of Person						
		SVI Luxury Cars LLC				
			Firm/Company			SNOITWED 400 HOTE TO ANY TO AN
		7510 NW 103rd Place				
			Address			
		Doral, FL 33178				
			City/State and Zip Code			
		ale.arbelaez@hotmail.com				
			o be used for future annual report notific	ation)	<u> </u>	1111
		cerning this matter, please ca			APR	n' ;
Alejandra Arl	belaez		201 519-7288		29	- 육당 - 공장원
	Name of P	erson	at () Area Code Daytime 1	l'elephone Number	P	800
					بب	08.7A
Enclosed is a	check for the	following amount:			65	15 X
□ \$25.00 Fil	ling 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 of Certified Copy (additional copy is enclosed)		(A)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: .
Registration Section
Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000081110	ompany were filed on March 25th, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
XVY Luxury LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	10 Teles
Enter now muiling address: if anyther black		OF CO
Enter new mailing address, if applicable:		<u>→ P</u> 80%0
(Mailing address MAY BE A POST OFFICE BOX)		9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>ente</u> <u>ess here</u> :	r the name of the n
	·	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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
		-	
			Remove
		1	□ Change
			
			Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
		104	
			Remove
			Change
<u> </u>			
			Remove
			Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:)7 (3) s the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
	April 3rd 2019	
	Alejandra Arbelaez	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00