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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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TORRIL PM 4: 37

A. BUTLER MAY 17 2022

COVER LETTER

Div	ision of Corp	orations		
01111 III 0W		TERRACE LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return	ı all correspon	dence concerning this matter	to the following:	
		EDUARDO SANTOS SIM	OZA	
		<u></u>	Name of Person	
		8212 NW 51 TERRACE L		
			Firm/Company	
		8333 NW 53rd Street Suite	: 450	
			Address	
		Doral, FL 33166		
		eduardo@sdvandpartners.co	City/State and Zip Code	
			o be used for future annual report no	tification)
For further i	nformation co	ncerning this matter, please ca	ill:	
EDUARDO	SANTOS SI	MOZA	786 7679412	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Address gistration S		<u>Street Address:</u> Registration So	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 2022 APR 14 PM 4: 38

FILED

8212 NW 51 TERRACE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/11/2020 and assigned
Florida document number 35-2677570	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
SDV CONSULTING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	8333 NW 53rd Street Suite 450
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166
Enter new mailing address, if applicable:	8333 NW 53rd Street Suite 450
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33166
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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:

or remove	ved from our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Total of the state	
Effective date, if other than the date of filing:	suant to 605.0207 not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d is filed.	h day after the
Dated 22 of MARCH 2022	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	