## 119000261635

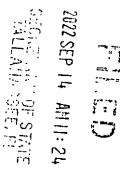
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

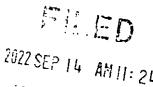
	istration Sec sion of Corp				
		STREET LLC			
SUBJECT.	•	Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		EDUARDO SANTOS SIM	1OZA		
			Name of Person	•	<del>,</del>
		8442 NW 47 STREET LLC	C		
			Firm/Company		
		8333 NW 53rd Street Suite	e 450		
			Address		
		Doral, FL 33166			
			City/State and Zip Code		<del></del>
		eduardo@sdvandpartners.cc			
		·	to be used for future annual re	port notification)	
For further in	iformation co	oncerning this matter, please ca	all:		
EDUARDO SANTOS SIMOZA		786 7679	412		
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling 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

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



8442 NW 47 SETREET LLC (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  $\frac{02/11/2020}{1}$ Florida document number 30-1212333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOV REAL ESTATE MANAGEMENT LLC SDV MANAGEMENT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8333 NW 53rd Street Suite 450 Enter new principal offices address, if applicable: Doral, FL 33166 (Principal office address MUST BE A STREET ADDRESS) 8333 NW 53rd Street Suite 450 Enter new mailing address, if applicable: Doral, FL 33166 (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: Emer Florida street address

## 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.

\_\_, Florida <u>\_\_</u>

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
			🗆 Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			Change

•	
, If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	(optional)
E. Effec	tive date, if other than the date of filing:
	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after manger closed as the If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is	filed.
-	23.05 MARCH Sept. 09 2022
Date	23 of MARCH Sept. 09
	EDUARDO SANTOS SIMO
	Signature of a member or authorized representative of a member
	Typey or printed pure of signal



May 18, 2022

EDUARDO SANTOS SIMOZA 8333 NW 53RD STREET SUITE 450 DORAL, FL 33166

SUBJECT: 8442 NW 47 STREET LLC

Ref. Number: L19000261838

We have received your document for 8442 NW 47 STREET LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00011352

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