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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Solution of Con			
(18795 VV)	SLV Estate	s LLC	,	
SUBJE	.CI:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		Vijay Vemuri		
			Name of Person	
		SLV Estates LLC		
			Firm/Company	
		3337 Messina Dr		
			Address	
		Lake Mary, Fl. 32746		
		tramuri vo@vahva aam	City/State and Zip Code	
		vemuri_vs@yahoo.com E-mail address: (to be used for future annual report notification)	
For furt	her information of	concerning this matter, please c	all:	
Vijay V	/emuri		603 6743606	
	Name o	of Person	at () Area Code Daytime Teleph	one Number
Enclose	ed is a check for t	he following amount:		
≅ \$ 25	5.00 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLV ESTATES LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) uny)
The Articles of Organization for this Limited Liability Company were filed or	1 02/03/2020 and assigned
florida document number 1.20000039634	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	y here:
he new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	:
	7
If amending the registered agent and/or registered office address on organization of the new registered office address here:	ur records, enter the name of the new regist
gent and/or the new registered office address here.	· · · · · · · · · · · · · · · · · · ·
	· •
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 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
			□Add
			□Remove
			□Change
		 	□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Hence amending the initial f	iling wiht the new change in fundin	g source for SLV Estates LL	.C
Change in Fe	urchy Source for the	1 Amendment	
			
		· · · · · · · · · · · · · · · · · · ·	
	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days a	
cord specifies a delayed effective filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
1st of June ed	2021		
11.00	Jul.		
	Signature of a member or authorized r	epresentative of a member	