

K21000281614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

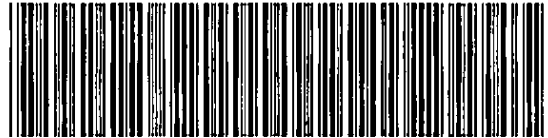
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 DEC -1 2110:44

T. MATTHEWS

DEC 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC -1 AM 10:17

November 8, 2021

TODD LOVINGER
2310 W BRISTOL AVE
TAMPA, FL 33609

SUBJECT: SVB HOUSING LLC
Ref. Number: L21000281614

We have received your document for SVB HOUSING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Tekayla T Matthews
OPS

Letter Number: 021A00027174

COVER LETTER

TÖ: Registration Section
Division of Corporations

SUBJECT: SVB HOUSING 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:

TOOD LOVINGER
Name of Person

SVB HOUSING LLC
Firm/Company

2310 W. BRISTOL AVE.
Address

TAMPA, FL 33609
City/State and Zip Code

TOOD LOVINGER @ HEALTHIERSTAY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOOD LOVINGER at (443) 622-6651
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

SVB HOUSING LLC

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

21000-1 11:10:41

The Articles of Organization for this Limited Liability Company were filed on JUNE 17, 2021 and assigned
Florida document number L2000 281614.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR M	JOHAN HOEGSTEOT	129 E WASHINGTON ST	<input checked="" type="checkbox"/> Add
		WEST CHESTER	<input type="checkbox"/> Remove
		PA 19380	<input type="checkbox"/> Change
MGR M	MATTHEW RUBY	10410 ELBERTON AVE	<input checked="" type="checkbox"/> Add
		THONOTOSASSA	<input type="checkbox"/> Remove
		FL 33592	<input type="checkbox"/> Change
MGR M	DAVID BURMAN	13773 LAKESIDE DR	<input checked="" type="checkbox"/> Add
		CLARKSVILLE	<input type="checkbox"/> Remove
		MO 21029	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21 DEC - 1 12:10:41

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 28, 2021

742.
Signature of a Member or a

Signature of a member or authorized representative of a member

TOOD LOVINGER

Typed or printed name of signee

Filing Fee: \$25.00