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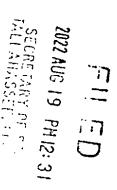
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COVER LETTER

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elibie <i>e</i> r	NSW Investor	nent Ventines 110	**
SUBJECT:	Nai	me of Limited Liability Company	
The enclosed Art	Division of Corporations		
Please return all	correspondence concerning th	is matter to the following:	
		Nesan ValleTo	
	Articles of Amendment and fec(s) are submitted for filing. Articles of Amendment and fec(s) are submitted for filing. Articles of Amendment and fec(s) are submitted for filing. Articles of Amendment and fec(s) are submitted for filing. Articles of Amendment and fec(s) are submitted for filing. All correspondence concerning this matter to the following:		
		SV Investment Venture: Firm/Company	LLC
	317 Clovers	rock Tr/ Devenjant, Fl. 338. Address	37
	1) Evenpoit	City/State and Zip Code	
			notification)
For further infor	nation concerning this matter,	please call:	
Nekin	Valleto Name of Person	Amendment and fee(s) are submitted for filing. Allow Valleto Name of Limited Liability Company Allow Valleto Firm/Company Aldress Aldress Deverous Interpret 100	
	Nume of Forson	med code 174y	mile refeptione runner.
Enclosed is a che	eck for the following amount:		
\$25.00 Filing		Status Certified Copy	Certificate of Status & Certified Copy
_			
			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			9 m
(Name of the Limited Liability Comp (A Florida Limited			
The Articles of Organization for this Limited Liability Compan	y were filed on	16/22/2021	డు and assigned
Florida document number <u>L 21000 290002</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	;	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	City t:		Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	– gree to act in this cap		

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
<u>AHBR</u>	Stephanie Valleto	217 Cloverbrook Trl, Davenport, 1	FL Madd
	J		33¥3} □Remove
			□Change
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			□Change
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			[]Change

(If an e Note	tive date, if other than the date of filing:
he 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 filed.
	08/09/2027
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00