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(Re	questor's Name)	
•	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(5)		
(100	cument Number)	
Certified Copies	Certificates	of Status
,		-
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only



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T. MATTHEWS

MAR - 1 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	SVG Express	160	
SUBJECT:	Nume of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Svitlana	Volosko	
	SVG Expr	ess LLC	E
	1736 Rodm	an St.	
	Hollywood,	FL 33020 City/State and Zip Code	
	0.40/	City/State and Zip Code	
	E-mail address: (1	KO Qgmail. com to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca		
Svitlana	, Volosko	at (646) 399- Area Code Daytime	7886
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 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 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

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(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on o	ır records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on		and assigned
florida document number		
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	bility Company," the designat	ion "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 agent and/or the new registered office address here:	e address on our record	s, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida stre	eet address
		, Florida Zip Code
	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 m 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
resident	Nataliya Holodnikov	a 3161 S Ocean Dr. Apt. 901 Hollandale, FL 33009	\dd
			□Remove
			🗆 Change
			🗆 Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			🗆 Change
		 	□Add
			□ Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Hello, I need to add my mom	
Nataliya Holodnikova as a second President	
to my SVG Express LLC company.	
I would like to operate and manage my	
company with my mom % 50/% 50.	
She is helping me financially	
Please make this changes to my company	
SVG Express LhC as:	
One President: Svitlana Volosko	
Second President: Nataliya Holodnikova	
Thank You in advance.	
Sincerely, Svitlana Volonco.	
ernserag, ovirkente volorio.	
E. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
document's effective date on the Department of State's records.	
If the record 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	າຍ
record is filed.	
Dated 02/16/2022 4. ()	
Canal In .	
Signature of authorized representative of a member	
Svitlana Volosko	
Typed or printed name of signee	

Filing Fee: \$25.00