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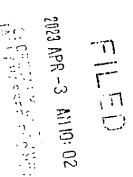
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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04/03/23--01013--003 **25.00



A. RIVERS MAY 2 0 2023

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SVEC Group	LLC nited Liability Company	
	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Craig</u>	SUEC Name of Person	
	Suec Gr	TOP LLC Firm/Company	
		ionne Ter Address	
	Middlet	Cify/State and Zip Code	<u> </u>
		to be used for future annual report noti	
For further information	concerning this matter, please c	all:	
Craig Sv	of Person	at (<u>239</u>) <u>565</u> Area Code Daytim	1504 e Telephone Number
J		,	·
Enclosed is a check for	the 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)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of O P.O. Box 63	Corporations 27	Division of Cor The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
ne Articles of Organization for this Limited Liability Company	were filed on and assigned
orida document number	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
Danielle Svec LLC	
Danielle SVec LLC ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	4265 YVONNE TER
Principal office address MUST BE A STREET ADDRESS)	Middleburg, FL 32068
nter new mailing address, if applicable:	4265 Yvonne Tel
Mailing address MAY BE A POST OFFICE BOX)	Middleburg, FL 32068
. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address City Zip Code
•	(n ca).
New Registered Office Address:	Enter Florida street address
	i co
	, Florida
ew Registered Agent's Signature, if changing Registered Agent:	5
handle accept the appointment as societared grant and age.	30. 0

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chapute

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f 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 record is filed.
Dated March 28th 2003.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00