





02/23/24--01021--012 *+25.00



= ·** · · ·	•	COVER LETTER			
TO: Registration Se Division of Cor		¥ .	•		
SVC HOLI	DINGS 2009, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	SALVADOR V CAMPISI, JR				
	Name of Person				
	REGAL AUTOMOTIVE C	GROUP			
		Firm/Company			
	925 BARTOW ROAD				
		Address			
	LAKELAND FL 33801				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	tication)		
For further information c	oncerning this matter, please ca	all:			
SALVADOR V CAMPI	SIS, JR	863 559-0505 at ()			
Name o	l Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVC HOLDINGS 2009, LLC

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

The Articles of Organization for this Limited Liab	oility Company were filed on 4-4	4-2023	and assigned
Florida document number L23000167854	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company ho	ere:	
SVC HOLDING PROPERTY LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the d	lesignation "LLC" or the :	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u>-</u>	
(Principal office address MUST BE A STREET	ADDRESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			[8]
			<u>u</u> 5
B. If amending the registered agent and/or reg		ecords, enter the na	ne of the new registered
agent and/or the new registered office address	<u>here</u> :		:5
			co
Name of New Registered Agent:			···
New Registered Office Address:			
New Registered Office Address.	Enter Flor	rida street address	
		. Florida	
	Cuy	····	Zqr 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
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			□Change

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 605.0207 (3)(b) 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. 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 record is filed. Signature of a member or authorized representative of a member SAL CAmpisi Ta Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00