

000427388150

g4/09/24 -01012--807 *#30.88

15 12 6 ET 5:20

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Overage Hunt	er Surplus Recovery, //c.
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
·	le Chambers Name of Person
	nter Surplus Recovery, l'au les Ave
Port Saint L Mc. trade u E-mail address:	City/State and Zip Code Grant Grant Com To fittige annual report notification)
For further information concerning this matter, please ca	
Michelle Chambers Name of Person	at (581) 720-0125 Atua Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status &
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Overage Hunter Surphis	Recovery, LIC.
(<u>Name of the Limited Liability Company As it now app</u> (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on	Abril 10, 2023 and assigned
Florida document number <u>230001 74546</u> .	14 per so 10 per son una una una una una una una una una un
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company Sahvision Services L.L.C.,	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· <u>· · · · · · · · · · · · · · · · · · </u>
	<u>:</u>
	Ċ
Enter new mailing address, if applicable:	117
(Mailing address MAY BE A POST OFFICE BOX)	<u>" </u>
	.9
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida street address
	, Florida
Сиу	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 to 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		□Add
			□Remove
			Change
 -			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
	·		Change
			🗆 Add
			Remove
			□Change

Page 2 of 3

_	
_	
_	
_	
_	
_	
_	
_	
_	
	·
_	
_	
If an effect Note: I	e date, if other than the date of filing:
ne reco	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0 0th day after the record is filed.
Dated _	3/26 2024
	Signature of a member or authorized representative of a member

Page 3 of 3