L25000317081

(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:		





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07/28/25--01011--022 **25.00

2025 JUL 28 AM 8: 57

9/13/2025

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJEC		FIAL LLC		
SUBJEC	- I i	Name of Lim	aited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Joshua Padilla		
			Name of Person	
		SVN CAPTIAL LLC		
			Firm/Company	
		3005 W LAKE MARY BI	.VDSUITE 111 #1007	
			Address	
		LAKE MARY, FL 32746		
			City/State and Zip Code	
		support@sunvena.com E-mail address: (to be used for future annual report	notification)
For furth	er information o	concerning this matter, please o	·	,
Josh			407 5132449	•
	Name o	of Person	at ()	ytime Telephone Number
				,
Enclosed	is a check for t	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 Addre	Section	Street Address Registration	
	Division of C P.O. Box 632			Corporations of Tallahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SVN CAPTIAL LLC

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(Name of the Limited	Florida Limited Liability Company)	SECRETARY OF STATE
he Articles of Organization for this Limited Liab	pility Company were filed on 07/09/2025	and assigned
lorida document number L25000317081	 ·	
his amendment is submitted to amend the follow	ring:	
a. If amending name, enter the new name of the	he limited liability company here:	
IVN CAPITAL LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
Principal office address MUST BE A STREET.	ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	ΟΧ)	
B. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:		enter the name of the new register
New Registered Office Address:		
	Enter Florida street (address
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered o	agent and agree to act in this capacity	. I further agree to comply with es, and I am familiar with and

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
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□Change

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Note: If the date in	sted, 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), serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 18	2025
	Signature of the state of the s
Joshua P	Signature of a member or authorized representative of a member
	Typed or printed name of signee