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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SVM Rest	oration Services,	Inc.
DOCUMENT NUMBER: P030000035		
The enclosed Articles of Amendment and fee are s	submitted for filing.	•
Please return all correspondence concerning this m	atter to the following:	
Veronica Linder		
	Name of Contact Perso	n
SVM Restoration	n Services, Inc.	
	Firm/ Company	
1317 Shotgun R	oad	•
	Address	
Sunrise, FL 3332		
	City/ State and Zip Cod	e
rytech@rytechdry.co	om	
	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	•
Veronica Linder	at (954	, 680-1965
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

	amida Dant of State)
(Name of Corporation as currently filed with the Flo SVM Restoration Services, Inc.	urida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change			
Add			
Remove			
2) Change	VS	Linder, Veronica	1317 Shotgun Road
X Add			Sunrise, FL 33326
Remove			
3) X Change	PT	Hennigar, Scott	1317 Shotgun Road
Add			Sunrise, FL 33326
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove	,		
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellati	on of issued shares.
provisions for implementing the amer	ndment if not contained in the ame	ndment itself:
(if not applicable, indicate N/A)	,	
(ij noi applicable, inalcate N/A)		
(ij noi applicable, inalcate N/A)		
(ij noi applicable, inalcate N/A)		,
(ij noi applicable, inalicate N/A)		
(ij noi applicable, inalcale N/A)		
(ij noi applicable, inalcate N/A)		
(ly not applicable, inalicate N/A)		
(ly not applicable, inaticate N/A)		
(IJ not applicable, inalcate N/A)		

The date of each amendment(s) ad	loption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated 01/10/2 Signature (By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Veronica Linder
•	(Typed or printed name of person signing)
	Owner
·	(Title of person signing)