P1000004115

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
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(Business Entity Name)
, , ,
(Document Number)
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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend (10 5/2//0)

COVER LETTER

TO: Amendment Section Division of Corporations

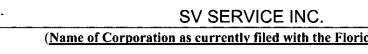
Tallahassee, FL 32314

NAME OF CORI	PORATION:	SV Service Inc.	,
DOCUMENT NU	MBER:	P10000041115	
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Liad Maccabi	
	· •	Name of Contact Person	
		Firm/ Company	
	88	31 CLIFFSIDE AVE	
		Address .	
	·	EY STREAM NY 11581 City/ State and Zip Code	
	MACCAB E-mail address: (to be use	ICPA@GMAIL.COM and for future annual report notification)	
For further information	ation concerning this matter,	please call:	
L	IAD MACCABI	at (516)3	336-9829
Name of Contact Person		Area Code & Daytime Te	elephone Number
Enclosed is a check	k for the following amount r	nade payable to the Florida Depar	rtment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fce & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ae Amendmen Division of P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



(Name of Corporation as curre	ntry filed with the Florid	a Dept. of State)
P100	000041115	
(Document Num	ber of Corporation (if known	own)
rsuant to the provisions of section 607.1006 tendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Torida Profit Corporation adopts the for
If amending name, enter the new name of	the corporation:	
		The ne
me must be distinguishable and contain t breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corporation
Enter new principal office address, if application of the second of the		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		
•		
If amending the registered agent and/or r	evistered office address i	in Florida, enter the name of the
new registered agent and/or the new regis		a riorida, ontor the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changin	ng Registered Agent:	• •
ereby accept the appointment as registered a		and accept the obligations of the position
C	is a strong of Nov. Paraistone	d Against if alternating

Signature of New Registered Agent, if changing

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)

<u>Title</u>	Name	Address	Type of Action
PRESI	VERED SASON	5481 PARK VALE BLVD WINTER PARK FL 32792	
(attach add	litional sheets, if necessary). (Be spe	cific)	
	endment provides for an exchange, re		
	is for implementing the amendment in applicable, indicate N/A)	f not contained in the amendmen	it itself:
(3	NA		
		······································	

	(date of adoption is required)
Effective date <u>if applicable</u> : (no	more than 90 days after amendment file date)
(iii)	more many auto agree amenament fire auto-
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.
	proved by the shareholders through voting groups. The following states: 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	**
(vot	ing group)
action was not required. The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_ 5/14/201	
Signature	D Muli
selected,	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)
	LIAD MACCABI
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)