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COVER LETTER ...

TO: Amendment Section
Division of Corporations

ų,

NAME OF CORPORATION: SV SERVICE, INC.				
DOCUMENT NUMBER: P1000041115	···			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
VERED SASON				
Name of Contact Person				
Firm/ Company				
APOPKA, FL 32703 City/ State and Zip Code				
Address				
APOPKA, FL 32703				
City/ State and Zip Code				
SVService Plagmail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VERED SASON at (407) 404 - Name of Contact Person Area Code & Daytime T	-0140			
Name of Contact Person Area Code & Daytime T	elephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\times \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \seteq \seteq \seteq \text{\$\subseteq \seteq \set	of Status opy Copy			
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SV SERVICE, INC.	<u> </u>
	tly filed with the Florida Dept. of State)
<u> </u>	5
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1911 RAFTON RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APOPKA, FL 32703
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office address Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
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)

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	SHAUL PARIYANTE	1911 RAFTON RD
X Add				APOPKA, FL 32703
Remove				
2) Change			 	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		- -		
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
(Attach additional sheets, if necessary).	(Be specific)	
1,000	· · · · · · · · · · · · · · · · · · ·	
	M- MAA	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's records.	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/v	were sufficient for approval
by	."
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder
Dated August 14, 2015 Signature . 2371	
(By a director, president or other o	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
VERED SAS	ed name of person signing)
PRESIDENT	- -
(Ti	tle of person signing)