## P21000000000000

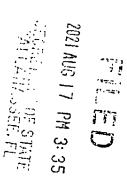
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A. Butter

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SVR1., Inc. DOCUMENT NUMBER: P21000067094 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Caleb Nichols Name of Contact Person SRVL, Inc. Firm/ Company 3225 McLeod Drive, Suite 100 Address Las Vegas, Nevada 89121 City/ State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Caleb Nichols at ( 800 ) 706-4741 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

(Additional Copy is enclosed)

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

SVRL, Inc.

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

(Name of Corporation as et	rrently filed with the Florida	Dept. of Starol AUG 17 PM 3: 35
P21000067094		
(Document Nu	mber of Corporation (if known	ALLEY USEE, FL
Pursuant to the provisions of section 607,1006. Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporat</i>	
A. If amending name, enter the new name of the corporat	ion:	
SRVL, Inc.		The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	\(\delta^*\). A professional corporat	ated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		e name of the
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	orida street 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 fai		vations of the position.
Signature of	New Registered Agent, if chang	ung

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>e</u>				
X Remove	<u>V</u>	Mike Jones					
X Add	<u>SV</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>			
1) Change		_					
Add							
Remove							
2) Change		_		<del></del>			
Add							
Remove 3 ) Remove		_					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

	adding additional Ar al sheets, if necessary).	(Be specific)	- <del></del>		
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f an amendme	nt provides for an exc	hange, reclassific	<u>ation, or cancellat</u>	ion of issued share	<u>S.</u>
provisions for	implementing the am licable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
(1) ней цар.	ncane, mateure (974)				
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	•				
			<del></del>		

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The date of each amendment(s) adoption:	ian the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	G
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
Dated 07/26/2021 Signature Med Mu	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	G
Renuka Annam	•
(Typed or printed name of person signing)	
President	
(Title of person signing)	