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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SV GYPSY SOL, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JENNIFER S. TYLER Name of Person
Firm/Company
POST OFFICE BOX 8.3 Address
ELLENTON GA 31747 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TENNIFER S. TYLER at (229) 456-1850 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	Liability Company as it nov Florida Limited Liability Cor	v appears on our recor	<u>ds.</u>)	
The Articles of Organization for this Limited Liab Florida document number <u>1230012116</u> This amendment is submitted to amend the follow	ility Company were filed			_ and assigned
A. If amending name, enter the new name of th	_	oany here:		
The new name must be distinguishable and contain the word		y," the designation "LL	C" or the abbre	viation "L.L.C."
(Principal office address MUST BE A STREET) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		ANG DE STATE	TILED 149
B. If amending the registered agent and/or reg agent and/or the new registered office address		n our records, <u>ente</u>	r the name o	f the new registered
Name of New Registered Agent: New Registered Office Address:	<u> </u>	DE ST #31 inter Florida street addre	7H	
	FORT MYEN	<u> </u>	lorida <u>3</u>	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVID W. WALKER	P.O. Box 83	□Add
		ELLENTON, GA 31747	Remove
			□ Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Maatiu	a data if other than the data of filings	
<u>ote:</u> If	e date, if other than the date of filing:	207 . as
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ated	MAY 2023. Junijus ylu	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

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