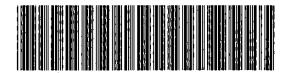
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(Requestor's Name)				
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07 DEC 31 PM 4: 21,
SECRETARY OF STATE

D. BRUCE

DEC 31 2007

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Savai Entertainment (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:
Couri Foote (Name of Person)
32185 Street Apt 3A.  (Firm/Company)  ASE P.
(Address)  CRETARY OF STATE (City/State and Zip Code)  City/State and Zip Code)  Code  Cod
For further information concerning this matter, please call:
For Shot FABY at (766) 263-871 & (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\$\sum{\$\sin{\$\sin{\$\sum{\$\cun{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$
Certificate of Status  Certificate of Status  (additional copy is enclosed)  Certificate of Status &  (additional copy is enclosed)  (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:  Projection Section Projection Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I.	index Company as it now appeal lorida Limited Liability Company	ors on our records.	ASE OT
The Articles of Organization for this Limited Liab	oility Company were filed on 1	2/13/07	CRE and assigned PH
This amendment is submitted to amend the follow	ring:		4: 24 FLORIDA
A. If amending name, enter the new name of the new name must be distinguishable and end with the "L.L.C."	er tainment	LLC	"LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Cayvi Fine	REE!	
New Registered Office Address:	321 8314 (E	ST POT Enter Florida street a	ddress)
	(City)	, Fiorida _	33141 (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title ' Address Type of Action Name ☐ Add Remove Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **1**2 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00