

L 14000049336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

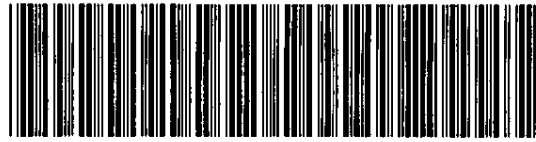
(Document Number)

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Special Instructions to Filing Officer:

*Amend*

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FILED  
14 JUN -3 PM 4:15  
SOUTH FLA. STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 9 2014

JENNA M. FELLER  
(419) 321-1439  
jfeller@slk-law.com

May 28, 2014

Florida Secretary of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

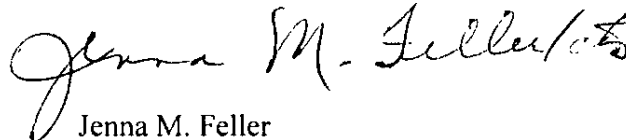
Re: Savona Ventures, LLC  
Our File No. 163630

Dear Sir or Madam:

I have enclosed for filing with your office an original Articles of Amendment to the Articles of Organization of a Florida Limited Liability Company for Savona Ventures, LLC. Also enclosed is a check made payable to the Florida Department of State office in the amount of \$25.00 for the filing fee. Please file this amendment and return a copy to me in the enclosed, self-addressed envelope.

If you have any questions or cannot file this amendment, please contact me at 419-321-1439. Thank you for your assistance.

Very truly yours,



Jenna M. Feller  
Paralegal to John W. Hilbert II

JMF/cts  
Enclosures  
cc: John W. Hilbert II, Esq.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Savona Ventures, 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:

**Jenna Feller**  
Name of Person  
**Shumaker, Loop & Kendrick, LLP**  
Firm/Company  
**1000 Jackson Street**  
Address  
**Toledo, Ohio 43604**  
City/State and Zip Code  
**jhilbert@slk-law.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jenna Feller** at **419 321-1439**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Savona Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 25, 2014 and assigned  
Florida document number L14000049336

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

17056 Marina Cove Lane

Fort Myers, FL 33908

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

17056 Marina Cove Lane

Fort Myers, FL 33908

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address:

17056 Marina Cove Lane

*Enter Florida street address*

Fort Myers

*City*

Florida 33908

*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**

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17 JUN -3 PM 1:15  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeff Ruggiero	25350 US Hwy 19 N Clearwater, FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jeff Ruggiero	25350 US Hwy 19 N Clearwater, FL 33763	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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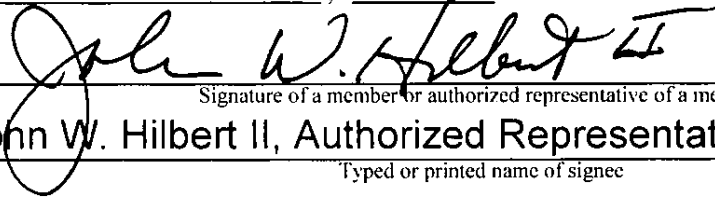
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 28, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John W. Hilbert II, Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signee

RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
14 JUN -3 PM 4: 15  
03115