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EXAMINER



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# **COVER LETTER**

	Division of Corp		•	•
SUBJEC	<b>ጉጉ</b>	SAVION M	IANAGMENT LLC	
SOBJEC		******	ited Liability Company	12 MM 22
The enclo	osed Articles of A	mendment and fee(s) are sul	omitted for filing.	THE COUNTY OF TH
Please re	turn all correspon	dence concerning this matter	to the following:	7
			SACK MERENFELD	
			Name of Person	
		SAV	ION MANAGMENT LLC	
			Firm/Company	
		56	01MANOR OAK AVE	
			Address	
		НС	DLLYWOOD, FL 33312	
			City/State and Zip Code	·
		E-mail address: (	ACK@COMCAST.NET to be used for future annual report in	notification)
For furth	er information con	ncerning this matter, please of	eall:	
	ISACK	MERENFELD	at ( 561 )	9014551
	Name of I	Person	Area Code & Da	ytime Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	STREET/COO Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations ig e Center Circle

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

### SAVION MANAGEMENT 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				
Florida document number0616608	61 .			
	UUU297	707,		
This amendment is submitted to amend the following		100		
A. If amending name, enter the new name o	f the limited liab	ility company her	<b>2:</b>	
The new name must be distinguishable and end win"L.L.C."	th the words "Limi	ited Liability Compa	ny," the designation "L	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	ISACK MERE	NFELD	
(Principal office address MUST BE A STREET ADDRESS)		5601 MANOR OAK AVE		
		HOLLYWOOI	O FL 33312	
Enter new mailing address, if applicable:	_	ISACK MERE	NFELD	
(Mailing address MAY BE A POST OFFICE BOX)		5601 MANOR OAK AVE		
·		HOLLYWOOD FL 33312		
B. If amending the registered agent and/ registered agent and/or the new registered of			ur records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:	ISACK MEF	RENFELD	<del></del>	
New Registered Office Address:	56101 MAN	IOR OAK AVE		
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address		Iress
	НС	DLLYWOOD	, Florida	33312
		City	,	Zip Code
New Registered Agent's Signature, if changing I	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MAYER S. ABBO	20283 STATE RD. 7, STE 400 BOCA RATON FL 33498	Add Remove
	·.		Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	_
_			<del>-</del>
	2 /2		<del></del>
Dated	3/20 Signature	of a member or authorized representative of a member	
		ISACK MERENFELD Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00