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SEVAN HANNA

Savana of Florida

July 17, 2020

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Savana of Florida 3325 US hwy 19 Holiday, FI 34691

This letter is to inform that Michael Hanna will part of the company.

Sincerely yours,

Sevan Hanna

COVER LETTER

TO: Registration Section Division of Corporations

Savana of Florida IIc

SUBJECT: _____

.

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:

	Sevan Hanna		
		Name of Person	
		Sevanas	
		car wash	
		Firm/Company	
	3325 us hwy 19		
		Address	
	Ho	oliday, FL 34691	
	_ .	City/State and Zip Code	<u> </u>
Sevanaofflorida@outlook.c		om Text	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	1]}:	
М	ichael Hanna	727-460-640	52
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S\$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 Addres	<u>s:</u>	Street Address;	

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sav	ana of Florida llc	~ ~2
	bility Company as it now appears rida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L06000049</u>		05/12/2006 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	<u>mited liability company her</u>	
The new name must be distinguishable and contain the words "I	imited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here		cords, <u>enter the name of the new reg</u> isterec
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
		, Florida
	City	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 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>	Name	Address	Type of Action
· AMBR	Michael Hanna	7658 Deer Foot Dr. New Port Richey, FL 34653	🖬 Add
			□Change
			🗆 Add
			🗆 Remove
			Change
	<u> </u>		🗆 Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	ERemove
			□Change
		<u> </u>	🗆 Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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······································	

E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

7-16-2020 Dated	
	5A

Signature of a member or authorized representative of a member

Sevan Hanna

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Typed or printed name of signee