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(Requestor's Name)					
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D. BRUCE

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EXAMINER

COVER LETTER

SUBJECT: SAVA C			
	(Name of Lim	ited Liability Company)	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TIANA PEREZ MARKO	VIC	
		(Name of Person)	
	SAVA GROUP LLC		
	<u> </u>	(Firm/Company)	
	AFOE ELIOLID AVE. ADT	. 04	717 08:
1525 EUCLID AVE. APT. 21 (Address)			
		(/	288
	MIAMI BEACH, FL 3313	S S S	
		(City/State and Zip Code)	PH 2:
For further information of	oncerning this matter, please c	all.	**************************************
roi furnici information c	oncerning this matter, please c	an.	A
		at ()	
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for th	ne 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:

TO:

Registration Section Division of Corporations

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>02/16/2007</u>	■ and assigned
Florida document number 1.07000019798	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	1525 EUCLID AVE. APT. 21	O. TAL
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139	SEP CALA
Enter new mailing address, if applicable:	1525 EUCLID AVE. APT. 21	TO PH
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL 33139	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	eet address)
	, Flori	,
	(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 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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	IVAN PEREZ	1525 EUCLID AVE. APT. 21 MIAMI BEACH, FL 33139	
			Add Remove
			- D
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	08 SEP -2 I
			PH 2: 56 FLORIDA
Dated AUGL	A	moer or authorized representative of a member	
		MARKONIC MGRM yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00