| (Requestor's Name) | |
|---------------------------------------|----------------|
| (Address) | 200418286642 |
| (Address) (City/State/Zip/Phone #) | 1 i |
| Business Entity Name) | |
| (Document Number) | |
| d Copies Certificates of Status | |
| ial Instructions to Filing Officer: | |
| Office Use Only | ुः २७ १७ |

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TO: Registration Section Division of Corporations

| | FISHER DESIGN AND ADVERTISING, LLC |
|----------|------------------------------------|
| 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:

Erin Gordon

Name of Person

FISHER DESIGN AND ADVERTISING, LLC

Firm/Company

4540 Southside Blvd, Suite #902

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

erin@fisheragency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Jacqueline Nguyen
 904
 680-8400

 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

Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

| FISHER DESIGN AND ADVERTISING, LLC | | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Horida Limited | <u>iny as it now appears on our records.</u>) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L07000032170</u> | were filed on <u>03/26/2007</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| Sav vy Partner, LLC | | |
| Sav by Pariner, 1990. The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4540 Southside Blvd. | |
| Principal office address MUST BE A STREET ADDRESS) | Blg 902 Fluor 2 | |
| Principal office address (1031 DE A STREET ADDRESS) | Jacksonville, FL 32216 | |
| | | |
| | | |
| Enter new mailing address, if applicable: . | <u>_</u> | |
| <u>Mailing address MAY BE A POST OFFICE BOX</u> | | |
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| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter in | e name of the pew registe |
| | | |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | Enter Florida street address | |
| | , Flor | ida |
| | | ida 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. Thereby 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 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

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| Tinte | Name | Address | Type of Action |
|-------|--------------------|---------------------------------------|----------------|
| MGR | Lisa Pearson | 4540 Southside Blvd #902, Floor 2 | |
| | | Jacksonville FL 32216 | Remove |
| | | <u></u> | |
| MGR | Mary Lousie Fisher | 4540 Southside Blvd #902, Floor 2 | 🖸 Add |
| | | Jacksonville FL 32216 | 🖸 Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| iffective date, if other than the are more than the date more that the date more than the | ust be specific and | cannot be prior to | date of tiling or n | nore than 90 day | 's after filing.) P | arsuant to 605.0207 |
| Note: If the date inserted in this | biock does not m | leet the applicat | ole statutory filin | ng requiremen | is, this date wi | ll not be listed as i |
| locument's offective date on the | Department of Si | tate's records. | | | | |
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| record specifies a delayed effect | ive date but not : | an effective tim | ie. at 12:01 a.m. | on the earlier | of: (b) The 9 | 0th day after the |
| d is filed. | ite diffe, out not | | | | | |
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| July 25 | | 2023 | | | | |
| July 25 Dated | ·································· | | - · | | | |
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| | and | spraw | | | | + |
| ······································ | Signature of a n | nember or author | ized tepresentativ | e of a member | | |
| | | | | | | |
| Erin Gordon | | | | | | ······································ |
| | | Typed or printed | I name of signee | | | |

Filing Fee: \$25.00