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SECRETARY OF STATE

J. BRYAN

OCT 2 2 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Con			
		on Arrival, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ira Lewis	
Name of Person			. <u></u>
Savings on A		avings on Arrival, LLC	9 OCT SECRE
	Firm/Company		
435 North University Drive		5 North University Drive	ILED T21 PM 2: 46 ETARY OF STATE HASSEE, FLORID
		Address	
D		Plantation, FL 33324	ORIE OR
	City/State and Zip Code		
	ilewis@savingsonarrival.com		
	E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please of	call:	
	Ira Lewis	at (954) 537-	9600 x 101
Name o	of Person	Area Code & Daytime	elephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDDESS	STDEET/COUDIE	A A D D D F C C .

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

FILED PH 2:46
SECRETARY OF STATE

Savings on Arrival, 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 Liab	oility Company were filed on _	December 19, 2007	and assigned
Florida document numberL070001258			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 2	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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** Leonard J. Backer Mgr 3777 N. E. 163 Street ✓ Add Remove # 124 North Miami Beach, FL 33160 ☐ Add Remove Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Ira Lewis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00