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B. KOHR

SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: SAEVA	A. LLC		
selater.		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ashley Spanos	(Name of Person)	08 SEB F.
		(Firm/Company)	OBSEP 24 MM 9: 15
	4670 Links Village Drive,	Unit B601 (Address)	- To To
	Ponce Inlet, FL 32127	(City/State and Zip Code)	``
For further information of	concerning this matter, please c	all:	
Ashley Spanos (Name	of Person)	at (386) 589-9890 (Area Code & Daytime T	elephone Number)
Enclosed is a check for t	the 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAEVA LLC	any as it now annount on our records	+	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	J.	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>09/15/08</u>	and assigned	
lorida document number <u>L08000087599</u>			
			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designati	on "LLC" or the abbreviat	
L.L.C."		0	
Enter new principal offices address, if applicable:		P 8	
Principal office address MUST BE A STREET ADDRESS)		S T	
		F-19	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered	office address on our records en	ter the name of the n	
registered agent and/or the new registered office address he		ter the name of the i	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida stre	(Enter Florida street address)	
	, Florid		
	(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 Name Type of Action** <u>Address</u> MGRM Ashley Spanos 4670 Links Village Drive, Unit B601 _**₽** Add **∓** Remove Ponce Inlet, FL 32127 Add Remove Remove ☐ Add __ Remove _ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 23 , 2008 /s/ ASHLEY SPANOS Signature of a member or authorized representative of a member **Ashley Spanos** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00