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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : MACMILLAN & STANLEY, PLLC

Account Number : I20170000007

Phone

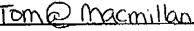
(561)276-6363

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW SAVONA PROJECT, LLC

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JUN 1 2 2017

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: (1842)

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:

Thomas M Stanty
Name of Person
MacMillan & Stanty
Firm/Company
Dane 4th Aug
Address
Delray Beaun, FZ 33483
City/State and Zip/Code

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

For further information concerning this matter, please call:

10m Stan

Name of Person

_at (<u>**N**/</u>

D

Daytime Telephone Number

Enclosed is a check for 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)

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 ARTICLES OF ORGANIZATION OF

H17000155467 3

NEW SAVONA PROJECT, LLC			
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)	
The Articles of Organization for this Limited 1	Liability Company were fil	ed on 2/16/2009	and assigned
Florida document number L09000015189		•	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	<u>ipany here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	 	·
(Principal office address MUST BE A STRE)	ET ADDRESS)		
			
		M.	ASS Z
Enter new mailing address, if applicable:	- 1		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office add ffice address here:	iress on our records, <u>ent</u>	
	Sharon M. Ginsburg	÷	•
Name of New Registered Agent:	Stated M. Ottoout		
New Registered Office Address:	23161 Via Stel	71 - 72 - 1 - 1 - 1 - 1 - 1	···
		Enter Florida street address	
	Boca Raton	, Florida	33433 Zip Code
New Registered Agent's Signature, if changing l	•		wh cour

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.

Page 1 of 3

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 Mcmber		ŀ	117000155467 3
<u>Title</u>	Name	Address	Type of Action
MGR	Robert A. Ginsburg	23161 Via Stel	
		Boca Raton, FL 33433	<u></u>
		- <u> </u>	□ Change
MGR	Sharon M. Ginsburg	23161 Via Stel	Add
	,	Boca Raton, FL 33433	C Remove
		,	□ Change
Mark Street, St			
		,	Remove
gyphyddigwiggy turur-'			ANY OF
		\$i	S Change
			□ Add
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□ Remove

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If amending any other informa	tion, enter change(s) here: (Attach additional si	hects, if necessary.) H170	0015546
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Note: If the date inserted in this blo document's effective date on the De	effective date, but not an effective time, a	rements, this date will not be liste	ed as the
Dated			
	Sharne I Jus		
•	ignature of a member or authorized representative of a men		
	Typed or printed name of signec	SBURG	
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	Page 3 of 3		

Filing Fee: \$25.00

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