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(Re	equestor's Name)	
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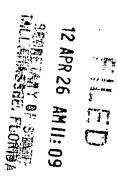
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EXAMINER



700231595137

04/26/12--01012--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SAVVY Real Estate CCC 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:		
Kathleen Obendorf Name of Person		
Kat Obendorf, LLC Firm/Company)		
439 5. Taniami 71. Suite 203		
City/State and Zip Code Kat Obendor F @ gmail. E-mail address: (to be used for future innual report notification)		
For further information concerning this matter, please call:		
Kathleen Obendoff at (94), 234-4345 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{Solution} \text{Solution} \text{Filing Fee, 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Davvy Keal	Estate UC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO900031103</u>	were filed on 03 30 Zoo-9 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Kat Obendorf LLC The new name must be distinguishable and end with the words "Limi	
"L.L.C." Enter new principal offices address, if applicable:	439 S. Tamiani Tr
(Principal office address MUST BE A STREET ADDRESS)	Suite 263
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	439 S. Tamiana 7/ Suite 703 Venice, F1 34285
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Obendorf
New Registered Office Address: 439	5. Tamiami To #203 Enter Florida street address
Venice	City, Florida 34285 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

Type of Action Address Title Name MGRM Kathken Obendorf Add □ Remove ☐ Add ☐ Remove \neg Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00