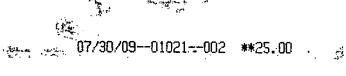
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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S. HAWKES
JUL 3 1 2009
EXAMINER

COVER LETTER

10:	Division of Co			
SUBJE	·CT·	SAVILE	TRADING LLC	
SUBJE	· · · · · · · · · · · · · · · · · · ·			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		SANTIAGO ORJUELA		
	Name of Person			
	SAVILE TRADING LLC			
	Firm/Company			
		900 BRICKELL KEY BLVD #1902 Address		
		• ,	MIAMI, FL 33131 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	:	E-mail address: (ORJUELA@AOL.COM to be used for future annual report not	ification)
For furt	ther information	concerning this matter, please of	call:	
		IAGO ORJUELA	at (786)	210-5676
	Name	of Person	Area Code & Daytin	ne Telephone Number
Enclose	ed 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVILE TRADING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 05/06/2009 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L09000043831 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of the abbreviation "L.L.C." Enter new principal offices address, if applicable: 900 BRICKELL KEY BLVD #1902 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33131 900 BRICKELL KEY BLVD Enter new mailing address, if applicable: #1902 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33131 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = N	Managing Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		_	Add
			Remove
			_
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		- · · 	Remove
D Ifamen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
D. II amen	ang any vener miormation, enter	change(s) here. (Anach adamonal sheets, if necessary.)	
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Dated	7/22/09	•	
	An	\sim	
•	Signature of a n	nember or authorized representative of a member	
		SANTIAGO ORJUELA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00