

L09000059820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400158827784

07/24/09--01010--004 **25.00

FILED
09 JUL 24 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
JUL 24 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savers Unlimited, L.L.C.
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:

Robert M. Cohen
Name of Person
Savers Unlimited, L.L.C.
Firm/Company
1971 W. Lumsden Rd., Suite 320
Address
Brandon, FL 33511
City/State and Zip Code
RobCohen323@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

* ROBERT COHEN
Melissa Hunter
Name of Person

937 430-7622
at (281) 893-0086
Area Code & Daytime Telephone Number

FILED
09 JUL 24 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 TO ARTICLES OF ORGANIZATION OF

Savers Unlimited, L.L.C.

(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 Liability Company were filed on June 19, 2009 and assigned Florida document number L09000059820

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 09 JUL 24 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: Robert M. Cohen

New Registered Office Address: 1971 W. Lumsden Rd., Suite 320

Enter Florida street address

Brandon Florida 33511 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert M. Cohen	1971 W. Lumsden Rd., Suite 320 Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Richard Steinberg	1971 W. Lumsden Rd., Suite 320 Brandon, FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

Robert M. Cohen

Typed or printed name of signer

FILED
 09 JUL 24 AM 10:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA