

LD9000115946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan DEC 18 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Saver Holdings LLC**  
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:

Andrew Thomas

Name of Person

Firm/Company

20600 NW 7TH AVE APT 206

Address

MIAMI FL 33169

City/State and Zip Code

saversholdings@live.com

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

For further information concerning this matter, please call:

Andrew Thomas

Name of Person

at ( 954 )

226-6064

Area Code & 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  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
09 DEC 17 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Saver Holdings LLC

(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 December 7, 2009 and assigned  
Florida document number L09000115946.

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)

Attn: Andrew Thomas

20600 NW 7TH AVE APT 206

MIAMI FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Attn: Andrew Thomas

20600 NW 7TH AVE APT 206

MIAMI FL 33169

**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: Andrew Thomas

New Registered Office Address: 20600 NW 7TH AVE APT 206

*Enter Florida street address*

MIAMI FL 33169

*City*

Florida

33169

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sean Barrieo	401 E. LAS OLAS BLVD STE. 130-379 FT. LAUDERDALE FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bridgette Kenny	401 E. LAS OLAS BLVD STE. 130-379 FT. LAUDERDALE FL 33301	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 17 AM 11:27

FILED

Dated December 16, 2009

Signature of member or authorized representative of a member

Andrew Thomas

Typed or printed name of signee