

LOG000115946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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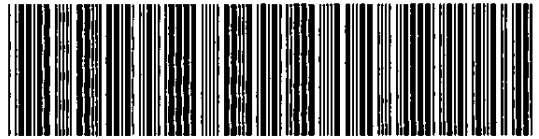
(Business Entity Name)

(Document Number)

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10 MAR 29 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2010

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:

Bridgette Kenny

Name of Person

Firm/Company

837 W Bay Dr # 167

Address

Largo, FL 33770

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:

Bridgette Kenny

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
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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 12-07-09 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:

Savers Holdings LLC

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:

837 W. Bay Dr. #167

(Principal office address MUST BE A STREET ADDRESS)

LARGO, FL 33770

Enter new mailing address, if applicable:

837 W. Bay Dr. #167

(Mailing address MAY BE A POST OFFICE BOX)

LARGO, FL 33770

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:

James Renner

New Registered Office Address:

837 W. Bay Dr. #167

Enter Florida street address

Largo

Florida

33770

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.


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	ANDREW THOMAS	20600 NW 7TH AVE APT 206 MIAMI, FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES RENNER	837 W Bay Dr # 167 Largo FL 33770	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 17, 2010

Signature of a member or authorized representative of a member

ANDREW THOMAS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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