

L100000 30975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

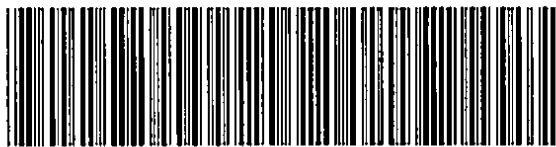
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400351757324

09/09/20--01031--004 **30.00

FILED
2020 SEP -9 AM 7:50
TALLAHASSEE FL

D. BRUCE
OCT 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2010

SPIEGEL & UTRERA

TALLAHASSEE, FL

The Articles of Organization for SAVINGS FOR RETIREMENT LLC were filed on March 22, 2010, and assigned document number L10000030975. Please refer to this number whenever corresponding with this office.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number may be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-4933 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Buck Kohr
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 410A00006971

FILED
2020 SEP -9 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVINGS FOR RETIREMENT 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:

IVAN MEDEROS JR.

Name of Person

SAVINGS FOR RETIREMENT LLC

Firm/Company

11130 SW 108TH CT

Address

MIAMI FL 33176

City/State and Zip Code

IVAN.MEDEROS.JR@GMAIL.COM

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

For further information concerning this matter, please call:

IVAN MEDEROS JR at 305 282-1067

Name of Person

Area Code

Daytime Telephone Number

FILED

2020 SEP -9 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FL

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SAVINGS FOR RETIREMENT 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 3/22/200 and assigned
Florida document number L 10000030975

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 contain 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)

11180 SW 108TH COURT
MIAMI FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11130 SW 108TH COURT
MIAMI, FL 33176

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:

MOLY MEDERAS

New Registered Office Address:

11180 SW 108TH COURT

Enter Florida street address

MIAMI

, Florida

City

33176

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 605, 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.

Moly Mederas

If Changing Registered Agent, Signature of New Registered Agent

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
	MGR IVAN MEDEROS SR.	11180 SW 108TH CT	<input type="checkbox"/> Add
		MIAMI FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	MGR IVAN MEDEROS SR.	11130 SW 108TH CT	<input checked="" type="checkbox"/> Add
		MIAMI FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
2020 SEP - 01 AM 7:51
SECURITY TALLAHASSEE, FL

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

Agreement of Limited Liability Company Interest
PLEASE REGISTER ATTACHED CHANGE.

FILED
2020 SEP -9 AM 7:51
SOUTH CAROLINA
TALLAHASSEE


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/1/2020, _____.


Signature of a member or authorized representative of a member

Moly Medeiros
Typed or printed name of signee

ASSIGNMENT OF LIMITED LIABILITY COMPANIES INTEREST

**Carol City Retirement, LLC
Family Retirement Fund, LLC
Savings for Retirement, LLC
Retirement Enterprises, LLC**

Assignment of Limited Liability Company Interest between **Ivan Mederos and Moly Mederos** ("Assignors") and **Ivan Mederos and Moly Mederos as Trustees of the Mederos Family Revocable Trust** dated April 14th, 2010 ("Assignee"), dated as of the 24 day of September, 2019.

STATEMENT OF FACT

- A. Assignors own all of the interest in **Carol City Retirement, LLC, Family Retirement Fund, LLC, Savings for Retirement, LLC and Retirement Enterprises, LLC**, all Florida limited liability companies (the "Companies").
- B. Assignors desire to assign all of their interests in the Companies to Assignee.
- C. Assignee desires to accept such assignment of Assignors' limited liability companies interest.

AGREEMENT

In consideration of the sum of Ten Dollars (\$10.00), the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Assignors assign, transfer and release to **Ivan Mederos and Moly Mederos as Trustees of the Mederos Family Revocable Trust dated April 14th, 2010** all of Assignors' membership interest in the Companies.
2. Assignee shall receive Assignors' right, title and interest in and to Assignors' limited liability company interest as is being assigned hereby.
3. Assignors shall release and indemnify Assignee from any past liability involving the Companies.
4. The parties shall enter into an operating agreement and Assignee's interest shall be registered with SUNBIZ.

The undersigned have executed this Assignment of Limited Liability Companies Interest as of the date set above.

Assignors:




Ivan Mederos




Moly Mederos

Assignee:



**Mederos Family Revocable Trust
(Dated April 14th, 2010)
Ivan Mederos, Trustee**



**Mederos Family Revocable Trust
(Dated April 14th, 2010)
Moly Mederos, Trustee**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030975

Entity Name: SAVINGS FOR RETIREMENT LLC

Current Principal Place of Business:

11180 S.W. 108TH COURT
MIAMI, FL 33176

Current Mailing Address:

11180 SW. 108 TH CT.
MIAMI, FL 33116 US

FEI Number: 27-2244803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDEROS, IVAN SR.
11180 SW 108 CT
MIAMI, FL 33176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IVAN MEDEROS

06/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MEDEROS, IVAN SR.
Address 11180 S.W. 108TH COURT
City-State-Zip: MIAMI FL 33176

Title MGR
Name MEDEROS, MOLY
Address 11180 S.W. 108TH COURT
City-State-Zip: MIAMI FL 33176

Title S
Name MEDEROS, IVAN SR.
Address 11180 S.W. 108TH COURT
City-State-Zip: MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IVAN MEDEROS SR

MGR

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

CERTIFICATION OF DEATH

RACE: WHITE

MOTHER'S/PARENT'S NAME: ESPERANZA MEDEROS

PLACE OF DISPOSITION: WOODLAWN PARK CEMETERY SOUTH
MIAMI, FLORIDA

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED ON PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT, THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 4 0 6 4 1 5 3 0 *

4 OH FORM 1946 (00-13)

CERTIFICATION OF VITAL RECORD