

L10 000101203

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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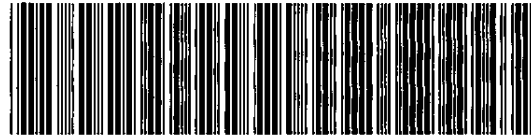
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G. MCLEOD

OCT 28 2010

EXAMINER



300187075773

10/27/10--01012--020 \*\*60.00

FILED

10 OCT 27 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** savon energy 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:

douglas barba  
Name of Person

savon energy llc  
Firm/Company

519 paula dr. south  
Address

dunedin, fl 34698  
City/State and Zip Code

dbdiscountenergy@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

douglas barba at ( 727 ) 656-4320  
Name of Person 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**

savon energy llc

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
10 OCT 27 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/28/2010 and assigned  
Florida document number I10000101203.

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)**

519 paula dr. south

dunedin, fl 34698

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

519 paula dr. south

dunedin, fl 34698

**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:

douglas barba

New Registered Office Address:

519 paula dr. south

*Enter Florida street address*

dunedin

, Florida

34698

*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:

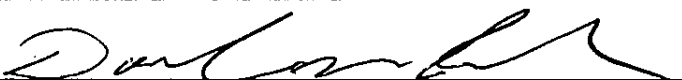
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>spyros augoustatos steve</u>	<u>1418 gulf rd</u> <u>tarpon springs fl 34688</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mgr</u>	<u>keith michael quiroz</u>	<u>7962 griswald loop</u> <u>new port richey, fl 34655</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated october 25, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

douglas barba  
\_\_\_\_\_  
Typed or printed name of signee