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EXAMINER
MAR 3 0 2011

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:
STEVEN 3, AUGOUSTATOS Name of Person
Name of Person
SAVON ENERGY 2LC Firm/Company
Firm/Company
1418 GULF ROAD
Turpon Sp. FL 34689 City/State and Zip Code STEAUGU @ AOL, COM E-mail address: (to be used for future annual report notification)
City/State and Zip Code STE AII & II (a) ADL, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Augoust a tos at (727) 741- 7050 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Fee} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \text{\$\text{Solutional Copy} \text{(additional copy is enclosed)}} \text{\$\text{\$\text{Solutional Filing Fee} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}} \$\text{\$

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 11 MAR 29 PM 4: 42

SAVON ENE	egy	LLC	- IALLA	ETARY OF STATE AHASSEE MLORIDA
SAVON ENE (Name of the Limited Liabil (A Florid	lity Company la Limited Lia	<mark>/ as it now appears (</mark> ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company w			and assigned
This amendment is submitted to amend the following:	;			
A. If amending name, enter the new name of the li	mited liabili	ty company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limite	d Liability Company	" the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		1418	GulF K	20AD 34689
(Principal office address MUST BE A STREET AD)	DRESS)	Tarpon	Sp FL	34689
Enter new mailing address, if applicable:		1418	SUIF K	2018 34689
(Mailing address MAY BE A POST OFFICE BOX)		Tarpon	Sp FL	34689
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered offic idress here:	ce address on our	records, enter	the name of the new
Name of New Registered Agent:	STEVE	en S, 1	Augous	statos
New Registered Office Address:	1418	GULF. Enter	ROAD	
70	nrpon	Speings	, Florida	3 1/6 89 Zip Code
New Registered Agent's Signature, if changing Registe		Спу		гір Coae

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

	<u>Name</u>	Address	Type of Action
	STEVEN 5- Augousta	105 14/8 GUIF ROAD TOSPON SP FL 34689	AddRemove
gistered Agend	DOUGLAS BARBA	TOSPON SP FL 34689 519 Paulo DRS, DUNEPIN FL 34698	Add Remove
			Add Remove
	······		Add Remove
···· ¹ ·······			Add Remove
			Add Remove
. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
). If amendin			
			- - - -

Page 2 of 2

Filing Fee: \$25.00