21/0000/6762

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EXAMINER



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12/28/A3/13/82/87 ***25.00

OUT DEC 28 PM 4: 07

COVER LETTER

TO: Registration S Division of Co			,		
SUBJECT:	Savia Finar	ncial Advisors, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Reinaldo Vicentini			
	•	Name of Person			
	Savia	a Financial Advisors, LLC			
		Firm/Company			
725 N.E. 22nd Street, PH3C					
City/State and Zip Code					
		IIo@saviafinancial.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of	·			
	Jhonny Bello	at (786)	866-4949		
Name	of Person	Area Code & Daytime	e 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)	Section 10		

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

	FINANCIAL ADVISORS, LI	
(Name of the Limited (A	Liability Company as it now appears o Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia		RUARY 9, 2011 and assigned
Florida document numberL11000016	<u>762 </u>	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	- 2
		7ALL
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company,	"the designation "ELC" or the abbreviation
"L,L,C,"		28 T
Enter new principal offices address, if applica	able:	mg T
(Principal office address MUST BE A STREE)	T ADDRESS)	FLORRIS 6
		₽
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE I	<u></u>	
•		
B. If amending the registered agent and/o registered agent and/or the new registered off		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, Florida
	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>	Type of Action
MGR	FRANCISCO HERRETES	725 N.E. 22nd Street, Unit PH3C Miami, Florida 33137	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary)	
			_ 7
			_
Dated	,	011	
	Signature of a membe	er or authorized repussion with of a member	
		d or printed name of lightee	
		Page 2 of 2	

Filing Fee: \$25.00