

L11 0000060437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

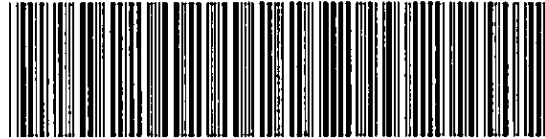
(Document Number)

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21 APR 14 AM 10:40
RECEIVED BY OFFICE OF THE CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savvy Home Owners 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:

DELSA SEDANE
Name of Person
Savvy Home Owners LLC
Firm/Company
3854 STOREVIEW DRIVE
Address
KISSIMMEE, FL 33178
City/State and Zip Code
dtejed0@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELSA SEDANE at (305) 323-3323
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 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

FLORIDA
DIVISION OF CORPORATE AFFAIRS

Savvy Home Owners LLC

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

21 APR 14 AM 10:40

The Articles of Organization for this Limited Liability Company were filed on 05/23/2011 and assigned
Florida document number L11000060437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

3854 SHOREVIEW DRIVE
KISSIMMEE, FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3854 SHOREVIEW DRIVE
KISSIMMEE, FL 34744

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:

N/A

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If 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

21 APR 14 AM 10:40

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DEISA E. TEJEDO	5074 NW 114 th COURT DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	DEISA E. SEDANE	3854 SHOREVIEW DRIVE Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ANGEL SEDANE	3854 SHOREVIEW DRIVE Kissimmee, FL 34744	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

NAME CHANGE FOR DELSA E. TEJEDO
TO DELSA E. SEDANE DUE TO
MARRIAGE.

MARRIAGE CERTIFICATE ENCLOSED

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

04/09

2021

Signature of a member or authorized representative of a member

DELSA E. SEDANE

Typed or printed name of signee

Official Record

Date: Feb 16 2017

Rec#: 261240

(STATE FILE NUMBER)

Department of Health • Vital Statistics

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon



2017-003188

APPLICATION NUMBER

21 APR 14 AM 10:40
FEB 17
MONICA VALDES

APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) ANGEL JOSE SECANE		1b MAIDEN SURNAME (If applicable)		2 DATE OF BIRTH (Month, Day, Year) AUG-14-1972	
3a RESIDENCE - CITY, TOWN, OR LOCATION DORAL		3b COUNTY MIAMI DADE		3c STATE FLORIDA	
4 NAME OF SPOUSE (First, Middle, Last) DELSA EVANGELINA TEJEDO		4b MAIDEN SURNAME (If applicable)		5 DATE OF BIRTH (Month, Day, Year) SEP-05-1965	
6a RESIDENCE - CITY, TOWN, OR LOCATION MIAMI		6b COUNTY MIAMI DADE		6c STATE FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE OR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink)		10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB-09-2017	
11 TITLE OF OFFICIAL DEPUTY CLERK		12 SIGNATURE OF OFFICIAL (Use black ink)	
13 SIGNATURE OF SPOUSE (Sign full name using black ink)		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB-09-2017	
15 TITLE OF OFFICIAL DEPUTY CLERK		16 SIGNATURE OF OFFICIAL (Use black ink)	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON ONLY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A WEDDING CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND JALIE.

17 COUNTY ISSUING LICENSE MIAMI DADE	18 DATE LICENSE ISSUED FEB-09-2017	19a DATE LICENSE EFFECTIVE FEB-12-2017	19b EXPIRATION DATE APR-09-2017
20a SIGNATURE OF COURT CLERK OR JUDGE		20b TITLE CLERK	20c BYD

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) FEBRUARY 13 2017		22 CITY, TOWN, OR LOCATION OF MARRIAGE MIAMI, FLORIDA	
23a SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink)		23b ADDRESS (of person performing ceremony) 1430 NW 133 St, Miami, FL	
24 NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary, solemnizer) NOELIA E. MORENO MY COMMISSION # FF 079455 EXPIRES: December 28, 2017 Bonds & Title Budget Notary Services		25 SIGNATURE OF WITNESS TO CEREMONY 26 SIGNATURE OF WITNESS TO CEREMONY	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

27 SOCIAL SECURITY NUMBER 199-72-9354	28 RACE WHITE	29 WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	30 NO. OF THIS MARRIAGE 2	31 LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DMORCE	32 DATE LAST MARRIAGE ENDED JAN-11-2010
33 SOCIAL SECURITY NUMBER 261-71-4632	34 RACE WHITE	35 WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	36 NO. OF THIS MARRIAGE 2	37 LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DMORCE	38 DATE LAST MARRIAGE ENDED AUG-13-1991