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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Office Use Only |



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SECRETARY OF STATE

SECRETARY OF STATE OF VISION OF CORPORATIONS

JUN 26 2015

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2015

7SAVVY, LLC 724 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701

SUBJECT: 7SAVVY, LLC Ref. Number: L12000007618

We have received your document for 7SAVVY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P03000048008 TRANS-ACT, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00010923

COVER LETTER

| Divis | ion of Corpo | orations | | | |
|------------------|------------------------------------|--|---|--------------------------------|----------------|
| SUBJECT: | 7Savvy, LLC | | | | |
| SUBJECT: _ | | | ted Liability Company | | |
| The enclosed A | Articles of A | mendment and fee(s) are subr | nitted for filing. | | |
| Please return a | all correspond | dence concerning this matter t | to the following: | | |
| | | Frank S. Maggio | | | |
| | | | Name of Person | | |
| | Firm/Company | | | | |
| | 10360 72nd Street North, Suite 814 | | | | |
| | | | Address | | |
| | | Largo, Fl. 33777 | | | |
| | | | City/State and Zip Code | | |
| | | frank@frankmaggio.com | | , | |
| | | E-mail address: (t | o be used for future annual rep | ort notification) | |
| For further infe | ormation con | cerning this matter, please ca | ill: | | |
| Stephen A. Ki | | | 727 797-7 at () | 7513 Daytime Telephone Number | |
| | Name of I | Person | Area Code | Daytime Telephone Number | |
| Enclosed is a c | check for the | following amount: | | | |
| ■ \$25.00 Fil | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certified | te of Status & |

MAILING ADDRESS:

TO:

Registration Section

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

| /Savvy, L1.C | | | | |
|--|---|--|--|--|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records.) iability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on January 17, 2012 and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | |
| TRANSACTIVE LIC | _ | | | |
| Transact, LLC The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name or the new name of the | ity Company," the designation "L.L.C." or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 10360 72 1ST. N #814 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | LAHUO, FL 33777 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 10360 72m15T.N. #814 LAGGO, FL 33777 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here 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 agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the Timited liability | | | |
| if Chan | ging 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00