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T. CLINE

FEB 2 1 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Davvy Posh, L Name of Limi	LC ted Liability Company	<u></u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	David Kni	Name of Person		
	Parker M	anagement Flo	rida, LLC	
	9001 Dani	els Prkwy, S	-200	
		City/State and Zip Code		
		fl. com to be used for future annual report notifica		
For further information	concerning this matter, please c	all:	200 SEC.	
David Kr	nizner	at (239 ) 481 - 504	O KZOI AHA	* · · · · · · · · · · · · · · · · · · ·
Name ·	of Person	Area Code & Daytime T	Celephone Number SSM 20	er drocker
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	at (239) 481-504  Area Code & Daytime T  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Set in Section 1 Section 2	)

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

Savvy Posh,					
( <u>Name of the Limited Liab</u> (A Flori	<u>ility Company as it now appę</u> da Limited Liability Company	ars on our records.)		•	
The Articles of Organization for this Limited Liabilit	y Company were filed on	2/2/2012	<u> </u>	assigne	d
Florida document number <u>LI 20000158</u>	<u> 25</u> .				
This amendment is submitted to amend the following	<b>;</b> :				
A. If amending name, enter the new name of the	limited liability company ho	ere:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "	'LLC" or th	ne abbre	viation
Enter new principal offices address, if applicable:				·	
(Principal office address MUST BE A STREET AD	DDRESS)				
			A∐	201	
	<del></del>		7. C	33 2	24 q.
Enter new mailing address, if applicable:			TA:	\S	****
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		SEF	Ö	P N
marcos in 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,		Ž	
	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	TO SEE	3	- J
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	The same	ණ e-of the	e new
Name of New Registered Agent:				, <u>.</u>	
New Registered Office Address:					
	Enter Florida street address				
	City		Zip Ce	ode	

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>	Address	Type of Action
mgrm ——	John Reisman	9001 Daniels Parkway, 5-2 Fort Myers, FL 33912	Add    X  (Remove
<u>mgrm</u>	Kerry Trowbridge	9001 Daniels Prkwy, 5-200 Fort Myers, FL 33912	Add Remove
MER	David Knizner	9001 Daniels Prkwy, 5-200 Fort Myers, FL 33912	Add Remove
			Add Remove
			2012 Fee 20 Add Add Add Add Add Add Add Add Add Ad
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	Remove
			<del></del>
		_	 
Dated	(/ .	r authorized representative of a member	hilse bridge
	John Reisman Typed or	printed name of signee Kerry Trow	bridge

Page 2 of 2

Filing Fee: \$25.00