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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan DEC 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

The Savoy Group LLC

SUBJECT: _____
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:

Roderick C Moe Trustee for the Robert J Brown Jr. Trust UA

Name of Person

The Savoy Group LLC C/O

Firm/Company

Roderick C. Moe CPA, P.A. 3199 Lake Worth Rd Suite B-3

Address

Lake Worth, FL 33461

City/State and Zip Code

Rod@RodMoeCPA.Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick C Moe Trustee, Managing Member (561) 649-5109

Name of Person

at (_____) _____
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/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

2012 DEC 14 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Savoy Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 17, 2012 and assigned
Florida document number L12000066489

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Roderick C. Moe

New Registered Office Address:

Roderick C. Moe CPA, P.A. 3199 Lake Worth Rd Suite B-3

Enter Florida street address

Lake Worth

Florida 33461

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.

Roderick C. Moe MGRM
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>	<u>Type of Action</u>
MGRM	Roderick C Moe Trustee fc	%:Roderick C. Moe CPA, P.A.	<input checked="" type="checkbox"/> Add
		3199 Lake Worth Rd Suite B-3	<input type="checkbox"/> Remove
		Lake Worth, FL 33461	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated December 11th, 2012

  MgmR

Signature of a member or authorized representative of a member

Roderick C Moe Trustee for the Robert J Brown Jr. Trust UA Dated 5/12/2012, M:

Typed or printed name of signee

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Filing Fee: ~~\$25.00~~ 60.00

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TALLAHASSEE, FLORIDA