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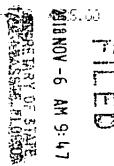
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COVER LETTER

TO: Registration Se Division of Cor			••
	ochard, LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gail Y. Savary		
		Name of Person	
	Savary Realty, LLC		
		Firm/Company	
	2551 Griffin Ave		
		Address	
	Lady Lake, FL 32159		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	eation)
For further information of	concerning this matter, please c	all:	
Gail Y. Savary		352 201-9436	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDRESS.	CTDFFT/COUDI	FD ANNDFSS-

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savary-Bouchard Realty, LLC			
(Name of the Lim	ted Liabllity Compa (A Florida Limited I	iny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number <u>L13000104515</u>	iability Company	were filed on Sav	ary-Bouchard Realty. LLC and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :
Savary Realty.LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)		2551 Griffin Ave	
Trincipal office dadress wost BE ASTRE	ST TIDDREWY	Lady Lake, FL 3	2159
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		2018 NOA - 8
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address her	ffice address on <u>e</u> :	our records, enter the name of the new
Name of New Registered Agent:	Gail Y. Savary		7
New Registered Office Address:	2551 Griffin A		
			da street address
	Lady Lake		Florida 32159
		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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Gail Y. Savary MGR		2551 Griffin AVE, Lady Lake, FL 32159	\times Add
		Gail Savary-Bouchard	
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e record specifies a delay The 90th day after the r	ed effective o ecord is filed.	d a te, but not a	n effective tin	ne, at 12:01 a.	m. on the earli	er of:
		2018				
Nov. I,						
Dated Nov. 1, Aarly	. Sava Signature of a	nyember or authoriz	ed representative of	a member		

Page 3 of 3

Filing Fee: \$25.00