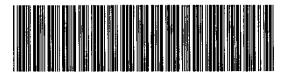
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(Red	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

	Registration Sec Division of Corp			
empre.	Savich & Si	gners, LLC.		
SUBJEC	.l:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter t	to the following:	
		Salvatore Ventimiglia		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Savich&Signers		
			Firm/Company	
		11849 US Hwy 41 S		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Gibstonton, FL 33534		
			City/State and Zip Code	
		angelicabellavita@yahoo.co		
		E-mail address: (t	o be used for future annual report notificat	ion)
For furth	er information co	oncerning this matter, please ca	alt:	
Salvator	e Ventimiglia		813 239-6229 at ()	
	Name of	Person	Area Code Daytime Te	lephone Number
Enclosed	l is a check for th	e following amount:		
	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

(Name of the Limit	t ed Liability Compan (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)				
The Articles of Organization for this Limited L Florida document number L14000192346	iability Company v	were filed on 12/17/14		aı	nd assi	igned	
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liabil	ity company here:					
The new name must be distinguishable and contain the v	vords "Limited Liabili	y Company," the designation "I	LC" or th	e abbreviat	ion "L.I	L.C."	
Enter new principal offices address, if applicable:		4907 N Florida Ave, Tampa, FL 33063					
(Principal office address MUST BE A STREE	ET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4907 N Florida Ave, Tamp	a, FL 330	063			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here		ords, <u>ent</u>	ter the n	ame	of the n	ew
Name of New Registered Agent:	Justin Savich			<u> </u>	_ <u>~~~</u>		
New Registered Office Address:	4907 N Florida			341	70	}**	
	Tampa	Enter Florida street ad	dress Florida	33063	27 A	Strategy Transce	
		City		Zip	Code ∽	131 144	
New Registered Agent's Signature, if changing					€. •	Sound	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regularing filed to merely reflect a change in the company has been notified in writing of this	er and complete j istered agent as p registered office (performance of my duties rovided for in Chapter 60	, and I a 95, F.S. (ım famili Or, if this	ar wit. s docu	h and ment is	he

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Salvatore Ventimiglia	11849 US Hwy 41 S,	
		Gibsonton, FL 33534	■ Remove
			☐ Change
	<u></u>		□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			TO ASIA
			Remove
			☐ Change
			□ Remove
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ective date, if other than the d	ate of filing:		(optional) 多点	APR 2
n effective date is listed, the date must be te: If the date inserted in this bloc	e specific and cannot be prior to da	te of filing or more than 90 da	ys after filing.) Fursua	nt to 605.020
cument's effective date on the Dep		statutory minig requiremen	ins, this date with too	3
			5	တ် 🖁
record specifies a delayed of the 90th day after the recor	effective date, but not and dis filed.	effective time, at 12	2:01 a.m. or	e earlier o
ed <u>4/24</u>	, 2015			
<u> </u>	ignature of a member or authorized	representative of a member		

Page 3 of 3

Filing Fee: \$25.00