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Sobsiser.	Name of Lim	ited Liability Company	<u></u>	
The constant Amilian S	· A d	unional Confiling		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Savanna Westwood			
		Name of Person		
	The Savvy Organizer			
		Firm/Company		
	13377 Lake Butler Blvd.			
		Address		
	Winter Garden, FL 34787			
		City/State and Zip Code		
	thesavvysitterorl@gmail.co			
	E-mail address: (to be used for future annual report notif	ication)	نزر
For further information of	concerning this matter, please co	all:		20±
Savanna Westwood		321 663-7263		CRC TAI 15% OF
Name o	of Person		Telephone Number	. U 335
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Enclosed is a check for t	he following amount:			Allohia CHOINA
State	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addre	ss:	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Savvy Organizer, 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 $\frac{10/30/2016}{10/30/2016}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Savvy Sitter, Pet Sitting and Dog Walking LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13377 Lake Butler Blvd. Enter new principal offices address, if applicable: Winter Garden FL 34787 (Principal office address MUST BE A STREET ADDRESS) 13377 Lake Butler Blvd Enter new mailing address, if applicable: Winter Garden, FL 34787 (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: New Registered Office Address: Enter Florida street address , Florida City

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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ote:	ive date, if other than the date of filing: 10/30/30/30-0 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. April 30,
ated	10/30/2020 , 2020.
	Signature of a member or anthorized representative of a member
	Signature of a member of antibrized representative of a member

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