

From: Baldy Martinez
3/27/2015

To: (305) 454-5804

To: + (850) 617-6383

Fax: +1 850 617 6383

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L15000022412

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

FILED
15 MAR 30 PM 12:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bm@baldylaw.com

15 MAR 30 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAVIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAVIT LLC

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

FILED
15 MAR 30 PM 12:20
TALLAHASSEE, FLORIDA
STATE

The Articles of Organization for this Limited Liability Company were filed on 2/5/2015 and assigned
Florida document number L15000022412.

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:

1999 SW 27 Avenue, 2nd Floor

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33145

Enter new mailing address, if applicable:

1999 SW 27 Avenue, 2nd Floor

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33145

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:

1999 SW 27 Avenue, 2nd Floor

Enter Florida street address

Miami

City

, Florida 33145

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 27, 2015



Signature of a member or authorized representative of a member

Baldy Martinez

Typed or printed name of signee