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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUL 15 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savings Depot LLC
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:

Noam Egozi
Name of Person

~~218 E. Beards Ave #314~~ Savings Depot
Firm/Company

218 E Beards Ave #314
Address

Tampa, FL 33613
City/State and Zip Code

Negozi@Egozi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noam Egozi at (727) 474-1448
Name of Person 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

Savings Depot LLC
(Name of the Limited Liability Company as it is

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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>	<u>Type of Action</u>
AMBR	Shai Egesi	916 Greenhasklake Rd	<input type="checkbox"/> Add
		Lutz, FL 33548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Noam Egesi	416 Pinewood Dr	<input type="checkbox"/> Add
		Oldsmar, FL 34677	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 8, 2015.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Amenda Hill

Typed or printed name of signee

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