

U6000049975

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W16-67931

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09/30/16--01034--001 \*\*35.00

EFFECTIVE DATE  
10/12

OCT 13 2016

S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 30 PM 2:18



017 OCT 13 PM 12:50

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

DOUGLAS S SHACKELFORD  
140 NE 28TH AVENUE #305  
POMPANO BEACH, FL 33062

SUBJECT: SAVI DISTRIBUTION LLC  
Ref. Number: W16000067931

We have received your document for SAVI DISTRIBUTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

~~If you have any questions concerning the filing of your document, please call~~  
(850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00021243

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAYI Distribution 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:

Douglas S. Shackelford  
Name of Person  
SAYI Distribution LLC  
Firm/Company  
6412 N. University Dr. Suite 122  
Address  
TAMARAC, FL 33321  
City/State and Zip Code  
scottshack0220@yahoo.com  
E-mail address: (to be used for future annual report notification)

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RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Douglas Shackelford at (561) 271-8580  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

CELL PHONE AND PLUS MORE 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 10/12/16 and assigned  
Florida document number 41000049975

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAVI Distribution LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6412 N. University Dr.

Suite 122

TAMARAC, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

140 NE 28th Ave

Unit 305

Pompano Beach, FL 33062

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:

Douglas S Shackelford

New Registered Office Address:

6412 N. University Dr. Suite 122

Enter Florida street address

TAMARAC

City

Florida 33321

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.

Douglas S. Shackelford

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>	<u>Type of Action</u>
<u>MGR/P</u>	<u>Douglas S. Shackelford</u>	<u>140 NE 28<sup>th</sup> Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Unit 305</u>	<input type="checkbox"/> Remove
		<u>Pompano Beach, FL 33062</u>	<input type="checkbox"/> Change
<u>MGR FLAIM, LYON</u>		<u>2726 North State Rd 7</u>	<input type="checkbox"/> Add
		<u>Margate, FLA</u>	<input checked="" type="checkbox"/> Remove
		<u>33064</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALLAHABAD  
SECRETARY OF STATE  
INDIA

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

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

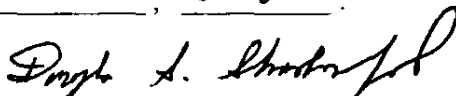
E. Effective date, if other than the date of filing: 10/12/16 (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated October 12<sup>th</sup>, 2016



Signature of a member or authorized representative of a member

Douglas S. Shackelford

Typed or printed name of signee