## 116000203873

(Re	equestor's Name)	
(Ad	ldress)	···
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(Cir	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	MERGENCY SERVICES, LLC	;	
SUBJECT:	Name of Limi	ted Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ELSAWY AHMED		
		Name of Person	
	SAVVY EMERGENCY G	LASS SERVICES, LLC	
		Firm/Company	
	724 TIVOLI CIRCLE		
		Address	
	DEERFIELD BEACH, FL	ORIDA, 33441	
		City/State and Zip Code	
	savvyemergencyglassservice	••	
For further information c	oncerning this matter, please ca	to be used for future annual report notificall:	canon)
ELSAWY AHMED		754 366 0198	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVVY EMERGENCY SERVICES, 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 NOVEMBER 07, 2016 Florida document number  $\frac{L16000203873}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAVVY EMERGENCY GLASS SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) savvyemergencyglassservices@gmail.com Enter new mailing address, if applicable: 724 TIVOLI CIRCLE, SUITE 204. (Mailing address MAY BE A POST OFFICE BOX) **DEERFIELD BEACH, FLORIDA 33441** 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

## 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

	ing any other information, enter change(s) here: (Attach additional sheets, if neces	
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-		16 DEC
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		<u></u>
(If an ef	date, if other than the date of filing:	filing.) Pursuant to 605.0207 (3
	d specifies a delayed effective date, but not an effective time, at 12:01 a Oth day after the record is filed.	.m. on the earlier of:
Dated	12 DECEMBER, 2016.  Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00