Division of Corporations Electronic Filing Cover Shoot

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115 Phone

: (813)882-8426

Fax Number

: (813)884-0263

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

Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUST WHISPERS LLC**

Certificate of Status	0
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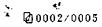
Electronic Filing Menu

Corporate Filing Menu

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JUN 1 1 2018



COVER LETTER

TO:	Registration So Division of Cor			
SUBJI		HSPERS LLC		
		Name of Lim	ited Liability Conmany	
		Amendment and fee(s) are sub	•	
Please	return all correspo	ondence concerning this matter	to the following:	
		FABIELI B VOLCE		
			Name of Person	
		DUST WHISPERS LLC		
			Firm/Company	·· ·········· ····
		7411 PALMERA POINT	E CIR Apt 101	
		 ·	Address	
		TAMPA, FL 33615		
		fabielibvima@gmail.com	City/State and Zip Code	
		G-mail address; (to be used for future annual report notifi	cation)
For lu	ther information o	concerning this matter, please ea	ull:	
FABIE	LI B VOLCE		813 300 3729	
	Name o	(Person	at ()	Telephone Number
hnclos	ed is a check for t	he following amount:		
∑ 52	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (udditional 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, Fi. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clillon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

DUST WHISPERS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor- tability Company)	(ds.)	
The Articles of Organization for this Limited Liability Company	were filed on 03/31/2017	a	und assigned
Florida document numberL17000073695			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
SAVIO GENERAL SERVICES LLC			
The new name most be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	26
(Principal office address MUST BE A STREET ADDRESS)		* -	<u></u>
		<u></u>	<u> </u>
	P/ 10 mm	<u> </u>	œ ;
Enter new mailing address, if applicable:		M.C.	
(Mailing address MAY BE A POST OFFICE BOX)		25	
(Maning Many), St. W. C. VII. Co. S. VII. Co. S. C. VII. Co. S. C. VII. Co. S. C. VII. Co. S. C. VII. Co. S. VII. Co. VII. Co. S. VII. Co. VI		- Sh	90
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, <u>enter the</u>	name of the no
New Registered Office Address:	Enter Florido street addr	v:{{	
·	, F	Florida	p Code
New Registered Agent's Signature, if changing Registered Agent:	.•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	we to act in this capacity. If performance of my duties, o provided for in Chapter 605	and I um famili 5, F.S. Or, if thi	iar with and is document is
•	•		

If Changing Registered Agent, Signature of New Registered Agent

If amouding 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

Title	<u>Name</u>	Address	Type of Action
AMBR	RICARDO DE VASCONCELOS	8842 POE DR	□ ∧dd
		TAMPA/FL 33615	
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oter	If the date inser	rted in this bloo	ck does not m	cet the applic	cable statutor	y filing require	ments, this	date will	not be li	sted as
ocum	ent's effective o	iate on the Dep	iamment of St	ate s records	i.,					
e rec	cord specifies	s a delayed	effective d	ate, but no	ot an effect	tive time, at	12:01 a	.m. on	the ear	lier o
The	90th day aff	ter the reco	rd is filed.	·		,				
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Filing Fee: \$25.00