LI 7000 22	9400
(Requestor's Name) (Address)	- 300327222483
(Address) (City/State/Zip/Phone #)	_
(Business Entity Name) (Document Number)	— 04/05/13−−01015−−003 *+25.00
Certified Copies Certificates of Status	APR 1 6 2013
Office Use Only	Anera

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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

<u>SEVERAL SAVERS</u> Named Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Seth Hoerig at (<u>941</u>) <u>3>42427</u> 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

ARTICLES OF A T( ARTICLES OF O O	) RGANIZATION
(Name of the Limited Liability Compar (A Florida Limited I.	Saves LLC iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $117000229400$	were filed on $11/07/2017$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	1090 77th ANEN Saint Petersburg FL 33,202
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:	

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
CFU	Stanley Ambro	402 Lennwood Dr	🖬 📈 dd
		402 Lonnwood Dr Englewood PL 342	23 Remove
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			Remove
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			C Remove
			Change

D.	If amending any other information	, enter change(s) here:	(Attach additional sheets,	if necessary.)
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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	4/4/ 2012
	Signature of a member of authorized representative of a member
	Sett Hoerig Typed or printed name of signee

Filing Fee: \$25.00