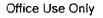
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| (Re                                     | questor's Name)   |             |
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| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
| (Document Number)                       |                   |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
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August 29, 2019

CLUB SAVE, LLC 2655 ULMERTON RD STE 121 CLEARWATER, FL 33762

SUBJECT: CLUB SAVE, LLC Ref. Number: L18000044925

We have received your document for CLUB SAVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 719A00017955

Yasemin Y Sulker Regulatory Specialist III

157

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLUB SAVE LLC

| (Name of the Lir  | nited Liability Comp<br>(A Florida Limited | any as it now appears of<br>Liability Company) | n our records.)                  |
|---|--|--|----------------------------------|
| The Articles of Organization for this Limited Florida document number L18000044925    | Liability Company                          | were filed on $\frac{02/16}{}$                 | 22018 ar                         |
| This amendment is submitted to amend the fo   | ollowing:                                  |  |                                  |
| A. If amending name, enter the new name   | of the limited liab                        | oility company here:                           |                                  |
| The new name must be distinguishable and contain the                                  | words "Limited Liabi                       | lity Company," the design                      | nation "LLC" or the abbreviation |
| Enter new principal offices address, if appl  | icable:                                    | CLUB SAVE LLC                                  |                                  |
| (Principal office address MUST BE A STRI  | SET ADDRESS)                               | 5401 BAYOU GRANDE BLVD NE                      |                                  |
|   | _  | ST. PETERSBURG                                 | G. FL 33703                      |
| Enter new mailing address, if applicable:   |  | CLUB SAVE LLC                                  |                                  |
| (Mailing address MAY BE A POST OFFICE   | E BOX)                                     | 5401 BAYOU GRA                                 | NDE BLVD NE                      |
|   |  | ST.PETERSBURG,                                 | FL 33703                         |
| B. If amending the registered agent and registered agent and/or the new registered of | d/or registered of                         | Tice address on ou<br>e:                       | r records, <u>enter the-na</u>   |
| Name of New Registered Agent: ANTHONY G   |  | EORGE  | <u> </u>                         |
| New Registered Office Address:  | 5401 BAYOU                                 | GRANDE BLVD NE                                 | );·                              |
|   |  | Enter Florida s                                | treet address                    |
|   | ST. PETERSBU                               |  | Florida 33703                    |
| Name Basistavad Agameta Siametana if alamata  | <b>.</b>                                   | City   | Zip Cı                           |

## 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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>                          | <u>Name</u>   | Address                 | <u>T</u> |
|---------------------------------------|---------------|-------------------------|----------|
| MGR                                   | MONICA GEORGE | 9575 58TH ST N          | ı        |
|                                       |               | PINELLAS PARK, FL 33782 |          |
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|   | 08/13/2019   |
| Effective date, if other than the   | date of filing: (ontional)   |
| If an effective date is listed, the date must<br>Note: If the date inserted in this blo | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuck does not meet the applicable statutory filing requirements, this date will not |
| document's effective date on the De   | partment of State's records.   |
|   |  |
| ne record specifies a delayed   | effective date, but not an effective time, at 12:01 a.m. on th   |
| The 90th day after the reco   | rd is filed.   |
| AUGUST 13   | 2019   |
| Dated   |  |
|   |  |
| <del></del>   | ignature of a member or authorized representative of a member  |
| ·   | g or a member  |
| ANTHONY GEORGE  |  |
| <del></del>   | Typed or printed name of signee  |

D. If amending any other information, enter change(s) here: [Anach adamonal sneets, if necessary.]

Page 3 of 3

Filing Fee: \$25.00