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| (Requestor's Name) | · · · · · · · · · · · · · · · · · · · |
|---|---------------------------------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phon | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Nar | me) |
| (Document Number) | |
| Certified Copies Certificate: | s of Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|--|
| SUBJECT: Sawa | ana Mark Name of Lim | et LLC ited Liability Company | |
| The enclosed Articles of Am | nendment and fee(s) are sub | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | Nahil | Bara Kat Name of Person | |
| | | | |
| | BQ \$ | Services | |
| | | Firm/Company | |
| | 2401 | Address Wales, FL City/State and Zip Code 250 @ g mind to be used for future annual report not | nt DC |
| | | Address | |
| | hale | Wales. FL | 33892 |
| | 011 | City/State and Zip Code | |
| - | E-mail address: (t | (a) 9 ments | trication) |
| For further information cone | | | |
| Na/hil Name of Pe | Borakat | at (<u>863</u>) <u>678</u> Area Code Daytir | 2 - 3093 ne Telephone Number |
| Enclosed is a check for the fo | ollowing amount: | | |
| □ \$25.00 Filing Fee □ | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting 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

| Savana Marka (Name of the Limited Liability Co | eto Li | | | | |
|--|--|-----------------------------------|-------------------------|-------------------------|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now mited Liability Con | <u>appears on our r</u> ipany) | ecords.) | | |
| The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1}{18000}$ 115 314. | • | on <u>5 8</u> | 118 | and assign | ied |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited | l liability compa | any here: | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company | ;" the designation | "LLC" or the abbrev | iation "L.L.C | |
| Enter new principal offices address, if applicable: | | | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRES. | <u></u> | | | <u> </u> | 1310 1210 1210 1210 1210 1210 1210 1210 |
| | | | | —— ~ ——∾– | ~~~ |
| | | | | 9 | RY CR |
| Enter new mailing address, if applicable: | | | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | بي - ~ - | <u>≥≅</u> — 5 ⊬ |
| | | | | | - 漢 |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office addre s here: | ess on our rec | cords, <u>enter the</u> | name of | the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | <u> </u> | | | | |
| | En | Enter Florida street address | | | |
| | | | Florida | | |
| | City | | Z | ip 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.

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 **Title** <u>Name</u> Address **Type of Action** Donnas Mccrary 671/2 N. Samulusky st. Dadu
Apt A ORemove MBR Delaware, OH 43015 OChange □ Add _____ Change ☐ Remove □ Remove _____ □ Remove _____ □ Change _____ 🗆 🗖 Add □ Remove

_□ Change

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| (H'an effi <u>Note:</u> | ective date is li. If the date in: | ther than the osted, the date must serted in this blo e date on the De | be specific and ck does not in | cannot be prior to seet the applica | o date of filin ble statutory | g or more than 90 filing requiren | (optional) days after filing.) P tents, this date wi | ursuant to 605,020 Il not be listed a |
| the rec) The | ord specifi 90th day a | es a delayed after the reco | effective d rd is filed. | ate, but not | an effect | ive time, at | 12:01 a.m. on | the earlier o |
| Dated _. | 05/ | 22/20 | 18. | | <u>.</u> . | | | |
| | | 22/20 Seir M | ost a fa | sember or author | ized represen | tative of a memb | er | |
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Page 3 of 3

Filing Fee: \$25.00