

L18000115314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

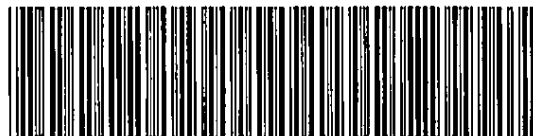
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAVANA AUTOS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MOSTAFA SEIR

Name of Person

SAVANA AUTOS LLC

Firm/Company

19406 VIA DEL MAR APR 206

Address

TAMPA, FL 33647

City/State and Zip Code

mostafaysir@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSTAFA SEIR

614 7072138
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 AUTOS 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 05/08/2018 and assigned
Florida document number L 18000115314.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

19406 VIA DEL MAR, APT206

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33647

Enter new mailing address, if applicable:

19406 VIA DEL MAR, APT 206

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33647

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18 DEC 17 AM 8:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

_____, Florida
City 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOSTAFA SEIR	→ 19406 VIA DEL MAR , APT 206 , TAMPA, FL,33647	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	DONNA SUE MCCRARY	19406 VIA DEL MAR, APT 206, TAMPA, FL 33647	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 DEC 17
AM 9:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ST. LOUIS, MO. STATE
FALL ARREST, FLORIDA
AT

18 DEC 17 AM 8:12
STANDARD STATE
TALLAHASSEE FLORIDA
CL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/12/2018

Signature of a member or authorized representative of a member

MOSTAFA M SEIR

Typed or printed name of signee