

L18000190653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

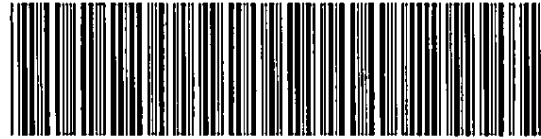
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 25 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savine International Development Group 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:

Joseph Leak

Name of Person

BetterLegal Solutions LLC

Firm/Company

1003 Rio Grande Street

Address

Austin, TX 78701

City/State and Zip Code

cmsavine@aol.com

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

For further information concerning this matter, please call:

Joseph Leak

512

580-5014

at (_____) _____

Name of Person

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

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18 AUG 21 PM 4:40
TALLAHASSEE, FLORIDA

Savine International Development Group LLC

The Articles of Organization for this Limited Liability Company were filed on August 9, 2018 and assigned
Florida document number L18000190653

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Civ

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.

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	Christopher Savine	7726 Schooner Court	☒ Add
		Parkland, FL 33067	☐ Remove
			☐ Change
MGR	Claudia Savine	7726 Schooner Court	☐ Add
		Parkland, FL 33067	☒ Remove
			☐ Change
			☐ Add
			☒ Remove
			☐ Change
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			☐ Remove
			☐ Change

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 AUG 21 11:00 AM
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18 AUG 21 PM 4:45
WALLMAN'S E. F. ORIDA

18	AUG 21	PM 4:40
JALHASS, F. CRIDA		

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 August 14 2018

Signature of a member or authorized representative of a member

Christopher Savine, Manager