## 118000209307

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SECRETARY OF STATE ON STATE OF CORPORATIONS

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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: SQ	vers Depot		
	Name of Limi	ted Liability Company	
Subject: Savers Dept 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:    Covered Freedman			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	(Juscare)	tried mar	<u> </u>
	2005 1	Firm/Company	#313
	1917 Nu	Address	
	Survise	FL 33323	
	Savers de	City/State and Zip Code  City/State and Zip Code  Sport LLC B symmetry  o boused for future annual report notifications.	fication)
For further information c	oncerning this matter, please ca	II:	
Giscard	triedmin	at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

Savers Depot CL	C	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on a Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number \( \bigcup \frac{1500209307}{}.\)	were filed on $086$	3)/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		A RECT
Enter new mailing address, if applicable:		9 XX
(Mailing address MAY BE A POST OFFICE BOX)		2 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida st	reet address
		, Florida
	Сиу	Zιρ Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agri	ee to act in this capa	ncity. I further agree to comply with the duties, and I am familiar with and

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> Name. <u>Address</u> Type of Action Giscard Friedmin MIAMI, FL 33185 ☐ Remove ☐ Change Roldia Friedman □ Add □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change  $\square$  Add □ Remove

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lf an ei <u>Note:</u>	tive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ea	ırlier of:
Dated	09/10/18		
	Signature of a member or authorized representative of a member		-

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Filing Fee: \$25.00