

L19 0000 11684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

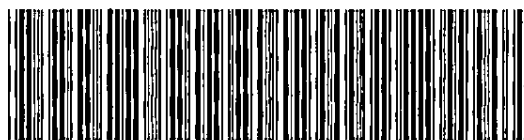
Certified Copies _____ Certificates of Status _____

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J. HORNE
NOV 24 2021

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10/01/21--01014--010 **25.00

2021 NOV 16 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2021

VIKTOR KAN
2519 N OCEAN BLVD
APT 304
BOCA RATON, FL 33431 US

SUBJECT: SAVIMAR, LLC
Ref. Number: L19000011684

We have received your document for SAVIMAR, 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):

In order to file your document, the subject entity must first be reinstated.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2021 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

The total amount due to reinstate is \$238.75.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 721A00024549

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVIMAR, 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:

VIKTOR KAN

Name of Person

SAVIMAR, LLC

Firm/Company

2519 N OCEAN BLVD APT 304

Address

BOCA RATON, FL 33431

City/State and Zip Code

vkboea@gmail.com

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

For further information concerning this matter, please call:

VIKTOR KAN

561 412-9862

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 NOV 16 PM 3: 51

SAVIMAR, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigned
Florida document number L19000011684.

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:

325 NE SPANISH RIVER BLVD

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

325 NE SPANISH RIVER BLVD

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33431

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:

VIKTOR KAN

New Registered Office Address:

2519 N OCEAN BLVD APT 304

Enter Florida street address

BOCA RATON


Florida 33431

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>
AMBR	VIKTOR KAN	2519 N OCEAN BLVD APT 304	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARGARITA YAGANOVA	2519 N OCEAN BLVD APT 304	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<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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