

L19000043872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

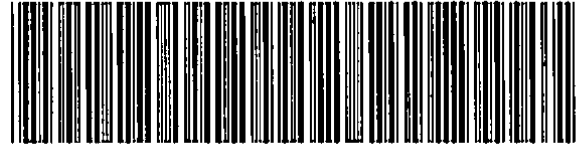
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 AUG 26 AM 9:49

LLC  
Amend.

8/28/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2019

EZELL TRAMMELL III  
122 INDIAN TRL  
CRESTVIEW, FL 32536

SUBJECT: SAVIOR HOME IMPROVEMENT LLC  
Ref. Number: L19000043872

We have received your document for SAVIOR HOME IMPROVEMENT 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):

The first page is missing.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 119A00006429

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Savior Home Improvement 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:

Daphne Williams

\_\_\_\_\_  
Name of Person

Savior Home Improvement LLC

\_\_\_\_\_  
Firm/Company

435 Jillian Dr

\_\_\_\_\_  
Address

Crestview, FL 32536

\_\_\_\_\_  
City/State and Zip Code

daphneewilliams@aol.com

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

For further information concerning this matter, please call:

Daphne Williams

407

6830116

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

**RECEIVED**  
AUG 26 2019

## Page 1 of 3

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         | Daphne Williams | 435 Jillian Dr<br>Crestview, FL 32536 | <input type="checkbox"/> Add               |
|              |                 |                                       | <input checked="" type="checkbox"/> Remove |
|              |                 |                                       | <input type="checkbox"/> Change            |
|              |                 |                                       | <input type="checkbox"/> Add               |
|              |                 |                                       | <input type="checkbox"/> Remove            |
|              |                 |                                       | <input type="checkbox"/> Change            |
|              |                 |                                       | <input type="checkbox"/> Add               |
|              |                 |                                       | <input type="checkbox"/> Remove            |
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|              |                 |                                       | <input type="checkbox"/> Add               |
|              |                 |                                       | <input type="checkbox"/> Remove            |
|              |                 |                                       | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 22, 2019

*Daphn Williams*  
Signature of a member or authorized representative of a member

Daphne Williams

Typed or printed name of signee