L19000043872

(Req	uestor's Name)
, ,		•
(Add	ress)	
(Add	ress)	
(City <i>i</i>	/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Na	ame)
/Doa	umant Numba	<u> </u>
(DOC	ument Numbe	1)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
		,
		26th

Office Use Only



100326382301

08/21/19--01018--029 ++25.00

19 AUS 26 AM 9: 49

LLC Amend. 8/28/19



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.

Letter Number: 119A00006429

Irene Albritton Regulatory Specialist II

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

emmerr.		ne Improvement LLC					
SUBJECT:							
		Amendment and fee(s) are sub- indence concerning this matter					
r icase returi	r arr correspon	Daphne Williams	to the kinowing.				
		Savior Home Improvemen	Name of Person				
			Firm/Company				
		435 Jillian Dr					
		Crestview, FL 32536	Address				
		City/State and Zip Code daphneewilliams@aol.com					
For further in	nformation c	E-mail address: (to be used for future annual report not	rfication)			
Daphne Wil		· ·	407 6830116				
	Name o	f Person	at ()Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00 F	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)			
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on			

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RECEIVED AUG 2 6 2019

TO ARTICLES OF ORGANIZATION OF

Savior Home Improvement LLC			
(<u>Name of the Limited Lighility Co</u> (A Florida Lim	impany as it now appears on ou ited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp			
Florida document number 1.19000043872	XIII, WELL THES ON		
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 I	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	<u></u>	<u> </u>
		7	PART OF COMPON A NOW
		(28 (2)	£
Francisco modica address if applicables		က်	6
Enter new mailing address, if applicable:		ī	7
(Mailing address MAY BE A POST OFFICE BOX)			انتز_ ح
			- ö
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		records, enter the name of the	<u>nev</u>
	Enter Florida stre	et address	_
		, Florida	
	City	Zıp Code	-
New Registered Agent's Signature, if changing Registered Ag	<u>cent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my du t as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is	
If	Changing Registered Agent, Sig	nature 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>	Type of Action
AMBR	Daphne Williams	435 Jillian Dr Crestview, FL 32536	Add
			Remove
			□ Change
			☐ Remove
			☐ Change
			
			□ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			
		-	☐ Change
			Add
			☐ Remove
			☐ Change

									_
									_
							•		_
									_
			. <u>.</u>						_
									_
				-					_
		·			-				_
				-					_
				·					_
								 -	_
									_
			-	····				·	_
			·						_
	, .								_
									
Note: If t	date, if other the ive date is listed, the date inserted in its effective date or	this block doe	s not meet the	applicable	te of filing or statutory fili	more than 90 d ng requireme	_ (optional ays after filing nts, this date) 2.) Pursuant to 6 2 will not be li	05,0207 (3 sted as th
	rd specifies a de Oth day after th			ut not ar	effective	time, at 1	2:01 a.m.	on the ear	lier of:
Dated At	igust 22		2019						
		C			1.00				
		Signatu	re of a member	or authorized	/ UE - I representativ	e of a member			
		_							

Page 3 of 3

Filing Fee: \$25.00