

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

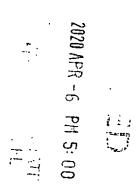
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
Savior Hon	ne Improvement LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ezell Trammell III				
	Name of Person				
	Savior Home Improvemen	it LLC			
	Firm/Company				
	435 Jillian Dr				
	Address				
	Crestview, FL 32536				
		City/State and Zip Code			
	ezelltrammell@gmail.com	to be used for future annual report not	(Castian)		
For further information c	oncerning this matter, please c		meanon)		
	wheeling and mater, produce o	210 986-2400			
Ezell Trammell III		at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee, i	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

- 11 OF

	2020 APR _	C 5.
Savior Home Improvement LLC		6 PH 5: 00
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number L19000043872	Company were filed on 2/13/2019	177
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ρςς
	ismer i un uni sireet dadir	Ų. 13. P
		F lorida Zip Code
	Сцу	гір Соае

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> 2020 APR -6 PM 5: 00	Type of Action
MGR	Ezell Trammell III	435 HELLANDO CORCTVIEW DE 32526	□Add
		435 HILIAN DR GRIST VIEW, 11 32330	
			Remove
			□Change
			□Remove
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Tective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior to date of filing or a ote: If the date inserted in this block does not meet the applicable statutory filineument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of:
February 25 2020	

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Filing Fee: \$25.00

Typed or printed name of signee