## L19000056863

(Re	questor's Name)	<del></del> -
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## **COVER LETTER**

TO:

то:	Registration Se Division of Cor			
CUDIC		SAVAGES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	<del> </del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		WILIANA SUAREZ		
			Name of Person	
		S&L ACCOUNTANT &	TAX SERVICES LLC	
			Firm/Company	<del></del>
		9490 W FERN LANE		
			Address	
		MIRAMAR FL 33025		
			City/State and Zip Code	
		SLATAXS@GMAIL.COM		
For furt	her information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report no all:	otification)
WILIA	NA SUAREZ		754 2178384 at ()	
	Name o	f Person		ime Telephone Number
Enclose	ed is a check for the	ne following amount:		
□ <b>\$</b> 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	TO OF ORGANIZATION OF	SECULLA PRINCIPATE
THE SEA SAVAGES LLC		\$ 2 O
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinated Liability Company)	ds.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number L19000056863	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SEA SAVAGES LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street addre	ss
	, F	lorida
	C111	EW CORE

## 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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			□ Remove
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Tective date, if other than the done effective date is listed, the date must be tet: If the date inserted in this block cument's effective date on the Dep	be specific and cannot be prior ok does not meet the applic	to date of filing or more that able statutory filing requ	(optional) n 90 days after filing.) Pursu irements, this date will no	ant to 605.020 ot be listed a
record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on th	e earlier c
ted MARCH 08	2019	·		
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	Vose MeJi	orized representative of a m	ember	<del></del>

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Filing Fee: \$25.00