## L19000101488

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## · COVER LETTER

TO: Registration So Division of Cor				
	siness Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to the left		
	Amendment and fee(s) are sub ondence concerning this matter	-		
, tours tours and out of		to the tone wing.		
	Deanna Grimes			
		Name of Person	<del></del>	
	DeeVA Business Services,	LLC		
		Firm/Company		
	4651 Holly Lake Drive			
	Lake Worth, FL 33463			
		City/State and Zip Code		
For further information of		·	itication)	
Deanna Grimes	•	561 870-4822		
Name o	of Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee,		The Centre of 7	Fallahassee oc Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DeeVA Business Services, LLC					
( <u>Name of the Limit</u>	ed Liability Cor (A Florida Limit	npany as it now appears on our re led Liability Company)	cords.)	723	
The Articles of Organization for this Limited Li	iability Compa	my were filed on 4/12/2019	<u> </u>	and ass	igned.
Florida document number L19000101488	<del></del> ·			28	***
This amendment is submitted to amend the follo	owing:			PH	
A. If amending name, enter the new name of	f the limited l	iability company here:		6: 32	'!
Savvy Setups by Deanna LLC The new name must be distinguishable and contain the w	ords "Limited L	iability Company "the decimation"	'LLC'' or the abbres	iation "I	ĪĊ"
Enter new principal offices address, if applic		N/A			
(Principal office address MUST BE A STREE	T ADDRESS	2		<del></del>	
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				<del></del>
B. If amending the registered agent and/or ragent and/or the new registered office addre		ce address on our records, <u>er</u>	nter the name of	the ne	w regist
Name of New Registered Agent:	N/A				
New Registered Office Address:		Enter Florida street ac	ddress		<u> </u>
			. Florida		
		City		Zip Code	

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

in amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or reinoved from our records:

MGR =	Manager	
AMBR =	<b>Authorized</b>	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
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	12/22/2020
effecti <u>e:</u> If t	date, if other than the date of filing:  (optional)  ive 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 605.4 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.
ord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed	12/22, 2020. V) Minna Klumes
	Signature of a member of authorized representative of a member