L19000132413

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PICK-UP WAIT MAIL	
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(Document Number)	
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SECRETARY OF STATE
ALL AHASSEF, FLORIDS

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COVER LETTER

TO:

	ration Secon of Corp			
	AVARD (CAPITAL, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspo	ndence concerning this matter	to the following:	
		CHARLES McDONALD		
			Name of Person	
		SAVARD CAPITAL, LLC	3.	
			Firm/Company	
		5106 E. 120TH AVE.		
			Address	
		TEMPLE TERRACE, FL.	33617	
			City/State and Zip Code	
		BUSINESS@SAVARDCA	P.COM to be used for future annual report noti	P
For further info	rmation co	oncerning this matter, please co	•	arcanony
CHARLES Mc	DONALI)	386 383-0406	
	Name of	Person		e Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Filia	ng 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)
	g Address tration S		<u>Street Address:</u> Registration Se	ction
Divis	ion of C	orporations	Division of Cor	porations
	Box 632 nassee. F	7 TL 32314	The Centre of T 2415 N. Monro	Fallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVARD CAPITAL, LLC.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000132413	were filed on <u>05/16/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 20
(Principal office address MUST BE A STREET ADDRESS)		
		HAR I
		me 🗻 IT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7: 0
		St. ±
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	rnier r iorida street daaress	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is
If Cha	nging Registered Agent, Signature of Ne	w 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>	Name	Address	Type of Action
AMBR	BRIAN JOLLIFF	5106 E. 120TH AVE, TEMPLE TERRACE, FL. 33	617
			□Remove
			
AMBR	NIECHE PENDLETON	5106 E. 120TH AVE. TEMPLE TERRACE, FL. 33	617 ■ Add
		 	□Remove
			🗆 Change
			□Add
		LLAHASSE LLAHASSE	Remove.
		057 057 057 057	Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

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) (10)		7: 04	
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic becument's effective date on the Department of State's records.	able statutory					
record specifies a delayed effective date, but not an effective ti is filed.	me, at 12:01 a	.m. on the earl	ier of: (b) The	90th	ı day af	ter th
rted FEBUARY 25 2020	<u></u> .					
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Filing Fee: \$25.00