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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aperiera. 1026@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAVOR 100 X 35 LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savor 100 x 35 LLC			
(Name of the Limited Liability Com (A Florido Limite	nany as it now appears on our rec d Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000010503</u>	ny were filed on January 15, 20	<u>120</u> and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "I	.l.C" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent; New Registered Office Address:	ce address on our records, <u>en</u> Enter Florida street an	(g.)	2[20 JA 30 ew registered
	. Florida		
No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	City	Zip Code	e
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	agree to act in this capacity. ete performance of my duties	s, and I am familiar w	vith and
accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	as provided for in Chapter 6	05, F.S. Or, if this do	cument is

If Changing Registered Agent, Signature of New Registered Agent

2020-01-30' 14:53 'CST - +19416251526

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	Slobodan Stefanov	662 Hollows Cir	
		Decrifield Beach, FL 33442	□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			🗆 Remove
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Note: If the d	e, if other than the date te is listed, the date must be sp ate inserted in this block d fective date on the Departs	oes not meet the applic	cable statutory ii	(option more than 90 days after the ling requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
e record sp e cil rd is filed.	ies a delayed effective date	; but not an effective t	ime, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after the
Dated	January 30	. 2020	A Service	Vous Constitution of the C	
			, 10 JUNGO	11/4	
	Signa	iture of a member or auth	iorizen representa	ive of a member	