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COVER LETTER

O: Registration Se Division of Cor			
SUBJECT (SG)		PLISTE [[C.	······································
the enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	BRANDE	EN Davis	
•	en.	Name of Person	
	NGUII) En	TENRINE L/C Firm Company	
	305 UI	Ban BRIDGE	<u> </u>
	Tallah	City/State and Zip Code	3030分。
	E-mail address; (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
SPANDER Name of	1 Davis	at (786) 290 Area Code Daytime	1908 e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25,00 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)
AN 777 A A A		Stront Addraws	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019: -9 11:9:31

SAVID ENTERPRISES LLC	
(Name of the L	imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number L20000201570	d Liability Company were filed on 7/13/20 and assigned
This amendment is submitted to amend the f	following:
A. If amending name, enter the new nam	e of the limited liability company here:
The new name must be distinguishable and contain the	he words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	plicable:
(Principal office address MUST BE A STR.	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	CE BOX)
B. If amending the registered agent and/o agent and/or the new registered office add Name of New Registered Agent:	PRUNDEN DUUS
New Registered Office Address:	# Same 4.3005 Old Bain bridge Enter Florida street address
	Tallahassee Florida 32303
	City Zin Code

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

Zip Code

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
MGR	BRAND"E"N DAVIS	3005 OLD BAINBRIDGE RD	
		TALLAHASEE FL 32303	_
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
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fective date, if other than the date of filing: 09/09/2020		BRANDON SHOULD READ BRANDEN
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