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(Req	uestor's Name)	
(Add	iress)	
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(Ĉity	/State/Zip/Phone	= #)
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COVER LETTER

TO: Registra Division		ction porations		
SUBJECT:			nts, LLC - (Name change request))
SCOJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	icles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all c	correspo	ndence concerning this matter	to the following:	
		Sharon W. DeBerr	у	
			Name of Person	
		Savvy Property So	dutions, LLC	
		-	Firm/Company	
		42759 Hwy 27		
			Address	
		Davenport, FL 3:	3837	
			City/State and Zip Code	·
		info@savvyprope		
		E-mail address: (to be used for future annual report no	lification)
For further inform	nation co	oncerning this matter, please c	all:	
Sharon W.	DeBerr	у	704 733-0404	
	Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a che	ck for th	ne following amount:		
■ \$25.00 Filing	g 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)
<u>Mailing</u> Registi			Street Address: Registration S	ection
Divisio	on of C	orporations	Division of Co	orporations
P.O. B			The Centre of	
Tallaha	assee, F	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All 4 Corners Real Estate Investme	ints, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appeare lability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company of Elorida document number	were filed on	08/27/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
Savvy Property Solutions, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ly Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	42759 Hwy 2	17	
(Principal office address MUST BE A STREET ADDRESS)	Davenport, F	L 33837	
Enter new mailing address, if applicable:	PO Box 1366	44	26
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, FL	. 34713	
			i
B. If amending the registered agent and/or registered office ac	idress on our re	cords, <u>enter the na</u>	me of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florid	la street address	
	, FloridaZup C		
No. Baria da de Companyo da Companyo da de Companyo da de Companyo da de Companyo da Companyo	City		Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of n	ny duties, and I am	familiar with and

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	E Name		□ Add
			□Remove
			[] Add
			Remove
			(☐Change
			□Add
			□Remove
			□Change
		 	□Add
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			☐ Change
			□Add
			□ Remove
			□Change
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			□Remove
			□ Change

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m effect: o te: If	e date, if other than the date of filing:	i.02 ed :
ecord s is 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 .	r th
ted	March 20 2021	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00