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COVER LETTER

то:	Registration Se Division of Cor		r d					
01:D 11	SAVVY GI	RITT LLC						
SUBJE	:C1:	T: Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
		ndence concerning this matter	-					
		Russell T Ryan						
			Name of Person					
			Firm/Company					
		3661 Branch Creek Dr						
			Address	-				
		Sarasota, FL 34235						
			City/State and Zip Code					
		russryan@gmail.com						
		E-mail address: (to be used for future annual report not	ification)				
For fur	ther information o	oncerning this matter, please co	all:					
Russ R	Lyan		941 400-9140 at ()					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclose	ed is a check for th	ne following amount:						
■ \$ 2.	5.00 Filing 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)				
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection				
	Division of C		Division of Co					

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVVY GRITT LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as <u>it now appears on our records</u> liability Company)	<u>r</u>)
he Articles of Organization for this Limited Liability Company	were filed on 09/17/2020	and assigned
lorida document number L20000292536		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2
• • •		D20
cipal office address MUST BE A STREET ADDRESS)		DCT CT
		i jeno
nter new mailing address, if applicable:		S = 171
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Flo	orida Zip 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

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	Russell T Ryan	3661 Branch Creek Dr	≣ Add
		Sarasota, FL 34235	□ Remove
			☐ Change
			□ Add
			□Remove
			☐Change
			□Add 2020 □ Remove
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			not an effective	time, at 12:01 a	a.m. on the ear	lierof:(b) 7	The 90th da	sy after the
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Filing Fee: \$25.00