L21000010744

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(Business Entity Name)
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JAN 21 AM 10: 45

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COVER LETTER

TO: Registration S Division of Co			•		
SUBJECT: <u>SAV</u>	A FIN LLC Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PRICILLA SALAM				
		Name of Person			
		Firm/Company			
	3527/	VE 168 Street	#304		
		MI BEALH FL			
		City/State and Zip Code 1.10 © GMAIL. CO. to be used for future annual report not			
For further information c	oncerning this matter, please c	·			
PRICILLA Name o	SALAM f Person	at (<u>786</u>) <u>395</u> Area Code Daytim	- 3264 e Telephone Number		
Enclosed is a check for t	ne following amount:				
(2) \$25.00 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 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

SAVA F	IN LLC	2021 JAN 21	AH 10: 45
(Name of the Limited I	Jiability Company as it no Florida Limited Liability Co	w appears on our records.) impany) SECRE FA	" Child A Manager
The Articles of Organization for this Limited Liabi	ility Company were file	d on 01/04/2	CONFL and assigned
Florida document number <u>L21000010</u>	7144		
This amendment is submitted to amend the following	.ng:		
A. If amending name, enter the new name of th	e limited liability com	pany here:	
CIIIWEII LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Compa	ny," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET A	<u>(DDRESS)</u>		
			
Enter new mailing address, if applicable:	 _		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regingent and/or the new registered office address by		on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Flor	rida
	City	<u>, </u>	rida Zıp 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:

	from our records:			
MGR = A $AMBR = A$	ranager Authorized Member		TLED	
<u>Title</u>	<u>Name</u>	Address	2021 JAN 21 AM 10: 45	Type of Action
			SECRETARE OF STATE	□Add
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D. If amending any other information, enter change(s) here: (Attach o	additional sheets.	if.necessary.)
	2021 JAN 21	AH 10: 45
	SECELL CO	OF STATE FEEF, FL
	<u> </u>	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fili Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ing or more than 90 day ory filing requireme	(optional) ys after filing.) Pursuant to 605.0207 (3)(b) nts, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 record is filed.	l a.m. on the earlie	r of: (b) The 90th day after the
Dated January 21 2021.		
Signature of a member of authorized repres	entative of a member	
PRICILLA S	ALAM	

Filing Fee: \$25.00

Typed or printed name of signee