

L21000010744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

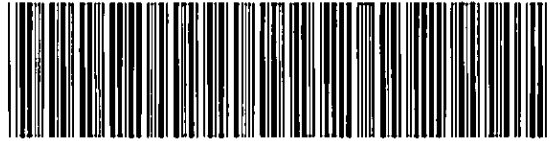
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

JAN 21 AM 10:45

FILED

01/21/21--01001--011 ♦25.00

2021 JAN 21 11:00:35

JAN 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVA FIN LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRICILLA SALAM

Name of Person

Firm/Company

3527 NE 168 Street #304

Address

NORTH MIAMI BEACH FL 33160

City/State and Zip Code

PRISALAM10@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRICILLA SALAM

Name of Person

at (786)

Area Code

395-3264

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLA.

01/04/2021 FL

CitiWell LLC

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

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 JAN 21 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FL	<u>Type of Action</u>
_____	_____	_____	_____	<input type="checkbox"/> Add
		_____	_____	<input type="checkbox"/> Remove
		_____	_____	<input type="checkbox"/> Change
_____	_____	_____	_____	<input type="checkbox"/> Add
		_____	_____	<input type="checkbox"/> Remove
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		_____	_____	<input type="checkbox"/> Remove
		_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2021 JAN 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 21, 2021.



Signature of a member or authorized representative of a member

PRICILLA SALAM

Typed or printed name of signee

Filing Fee: \$25.00