## K21000104786

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	orporations					
Saved Ba	y Properties LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Sonia M Villanueva					
	<del></del>	Name of Person	<del></del>			
	JSV Alliances LLC					
		Firm/Company	**			
	7326 Exter Way					
		Address		£ -	2	
	Tampa				022 FE	:
	jsvalliances@gmail	City/State and Zip Code		: 13,	2022 FEB 18	
		to be used for future annual report noti	fication)		PX	
For further information	concerning this matter, please c	all:			5	
Sonia M Villanueva		813 270-9354 at ()			43	
Name	of Person	Area Code Daytime	e 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)	Certified	e of Status &		
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Sec	etion			
Division of	Corporations	Division of Cor	porations			
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 81	10		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAREA 18 PA

Saved Bay Properties LLC		
(Name of the Limited L (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
` The Articles of Organization for this Limited Liabil		and assigned
Torida document number L21000104786		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
JSV Alliances LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q	
3. If amending the registered agent and/or regis	· · · · · · · · · · · · · · · · · · ·	e name of the new registo
gent and/or the new registered office address he	<u>rre</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
_	City	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 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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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Effective date, if other than the fan effective date is listed, the date in	e date of filing: $\phantom{00000000000000000000000000000000000$	(01/2022		(optional)	
fan effective date is listed, the date m Note: If the date inserted in this	ust be specific and cannot block does not meet the	it be prior to date of t se applicable statu	iling or more than 90 fory filing required	days after filing.) Pur	suant to 605.020 not be listed a:
document's effective date on the			ory ming require	ionis, um sauc vini	not be listed a
e record specifies a delayed effect	ive date, but not an ef	fective time, at 12:	01 a.m. on the ear	ier of: (b) The 90	th day after the
rd is filed.					
February 15	202	22			
Datad		· · · · · · · · · · · · · · · · · · ·			
Dated					
Dated	- ON MA				
Dated	Signature of a member	er or authorized repr	esentative of a memb	er	

Filing Fee: \$25.00