L21000260845

(Red	questor's Name)
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	<u>)</u>
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	
		rulacial

Office Use Only



400374778704

10/12/21--01038--006 **30.00

21 00T 12 ABTH: 59

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Javers Are Suave LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
AShty McKenzie
OWOTE Firm/Company
5111 N 39-th Street
Tampa F1 33610 City/State and Zin Code
Tampa F1 33610 City/State and Zip Code Savers are Suave Egmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASNITCY M Kenzie at 813 486 8510 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & 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

Savers Are. S	juare	LLC.	21 00T 12	MH: 59
(<u>Name of the Limited Lia</u> (A Flo	bility Company rida Limited Liab	as it now appears on o oility Company)	ur records.)	<u>_</u>
The Articles of Organization for this Limited Liability Florida document number L2 000 260		ere filed on <u>Jur</u>	e 4202	and assigned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	<u>imited liabilit</u>	y company here:		
The new name must be distinguishable and contain the words "l Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	<u> </u>	HOI East (Suite 23	Jackson	1 Street
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	 -			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office add <u>e</u> :	ress on our record	s, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		y Mcker		
New Registered Office Address:	101 Ea	St GCK8 Enter Florida str		et Ste 2340
I	ampa	City	Florida	33602 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

21 007 10 3500 50

<u>Title</u>	<u>Name</u>	21 00: 12 An : Address	Type of Action
APMBR	Justin Duncan	5111 N 39th Street	□Add
		5111 N 39th Street Tampa F1 33610	D Kemove
			□Change
		🗆 Add	
		□Remove	
			□Change
		□Add	
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		-	DChange
			□Add
			□Remove
			□Change

	Please add EIN 87-21651910712 MILLS9
	(Please see attached Tes EIN Filling)
_	
_	
_	
-	
_	
-	
_	
_	
_	
_	
ee	
an effe	re date, if other than the date of filing:
ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
recora 1 is file	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 d.
	Ontoher 7th ami
ated _	October 7th 2021. alley l
	Signature of a member or authorized representative of a member
	ashtey McKentie

Filing Fee: \$25.00