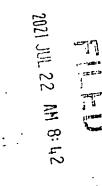
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### **WALK IN**

		PICI	K UP:	7/22 DANNY
	XX	CERTIFIED COPY PHOTOCOPY CUS		
	XX		_LLC	C_AMEND
1.		SAVOIR HOME LLC		
		(CORPORATE NAME AND DOCU	MENT #)	
2.		(CORPORATE NAME AND DOCUM	MENT #)	
3.				
		(CORPORATE NAME AND DOCU!	MENT #)	
4.		(CORPORATE NAME AND DOCUM	MENT #)	
5.				
		(CORPORATE NAME AND DOCUM	MENT #)	
6.	-	(CORPORATE NAME AND DOCUM	MENT #)	
	CIAI TRU	L CTIONS:		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVOIR HOME LLC						
(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now appear Liability Company)	s on our records.)	<del></del>		
The Articles of Organization for this Limited Li Florida document number L21000312848	ability Compan	y were filed on _07	/08/2021	and	d assigned	ł
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited lia	bility company he	re:			
N/A						
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the de	esignation "LLC" or the	he abbreviatio	n "L.L.C."	<del></del> -
		N/A				
(Principal office address MUST BE A STREE	T ADDRESS)				902	
						$\Box$
Enter new mailing address, if applicable:		N/A			22 M	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited li  N/A  The new name must be distinguishable and contain the words "Limited Li  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	<u>BOX)</u>					
		<del></del>	<u></u>		=	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office s here:	address on our rec	cords, <u>enter the n</u>	iame of the	new regis	<u>stere</u>
Name of New Registered Agent:	N/A		<del>_</del>		_	
New Registered Office Address:				-		_
<del>-</del>		Enter Florid	la street address	<del></del>		
			Florida			
		City		Zip Co	nte	_

### 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>	<u>Name</u>	Address	Type of Action
MGR	LEONOR NEISLER	912 BERGAMOT LN APT 4202	
		WEST MELBOURNE, FL 32904	
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ffectiv	date, if other than the date of filing: (optional)	
an effe	ive 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 60	5.0207
ocume	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	ited as
Facord	position a delivered offersion days because of a contract of the contract of t	
i is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated _	y <b>21</b> 2021	
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Typed or printed name of signee