

L21000378011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

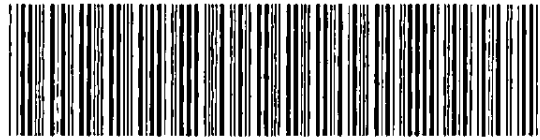
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400413200094

08/01/23--01014--005 **25.00

RECEIVED

2023 OCT 27 PM 1:57

10/26/23

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SAVI CAPITAL PARTNERS LATAM LLC

SUBJECT: _____
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:

SANTIAGO VITAGLIANO

Name of Person

SAVI LLC

Firm/Company

824 NE 19TH AVE

Address

FORT LAUDERDALE FL 33304

City/State and Zip Code

santiago@savigroup.com

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

For further information concerning this matter, please call:

Santiago Vitagliano

305 812-7205

Name of Person at (_____) _____
Area Code 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2023

SANTIAGO VITAGLIANO
SAVI LLC
824 NE 19TH AVE
FORT LAUDERDALE, FL 33304

SUBJECT: SAVI CAPITAL PARTNERS LATAM LLC
Ref. Number: L21000378011

We have received your document for SAVI CAPITAL PARTNERS LATAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 523A00019842



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2023

SANTIAGO VITAGLIANO
SAVI LLC
824 NE 19TH AVE
FORT LAUDERDALE, FL 33304

SUBJECT: SAVI CAPITAL PARTNERS LATAM LLC
Ref. Number: L21000378011

We have received your document for SAVI CAPITAL PARTNERS LATAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 523A00019842

SAVI CAPITAL PARTNERS LATAM LLC

The Articles of Organization for this Limited Liability Company were filed on 8/23/2021 and assigned
Florida document number L21000378011

If Changing Registered Agent, Signature of New Registered Agent

If an existing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALITHEIA HOLDINGS INC.	271 District St SE	<input checked="" type="checkbox"/> Add
		Palm Bay FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAVI LLC	501 E Las Olas Blvd, Suite 300	<input type="checkbox"/> Add
		Fort Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-27-2023 BY 60322 UCBAW

2023 OCT 27 PM 1:57

(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)

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

Oct 24 2023

Signature of a member or authorized representative of a member

Santiago Viteziano
Typed or printed name of sender

Typed or printed name of signer