(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:





800376227298

11/15/21--01001--005 **25.00

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Driving Record	Signature				Vehicle Search
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Walk-In Will Pick Up Courier		 -	Time		UCC 11 Search
	Name	Date	THIC		UCC 11 Retrieval
	Walk-In	•			Courier

COVER LETTER

Tallahassee, FL 32314

	gistration Se- rision of Cor			
CHD ICZT.	SAVVY US	SA LLC		
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	unitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		LUISA ELENA CUADRA		
			Name of Person	
		DIEGO L. RESTREPO, P	.A.	
			Firm/Company	
		2600 SOUTH DOUGLAS	ROAD, SUITE 913	
			Address	· · · · · · · · · · · · · · · · · · ·
		CORAL GABLES, FLOR	IDA	
			City/State and Zip Code	
		LUISA@RESTREPOLAW	COM to be used for future annual report not	(ilication)
For further i	nformation co	oncerning this matter, please c	·	
LUISA ELE	ENA CUADR	RADO	305 447-9430 at ()	
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Address gistration S vision of C		Street Address: Registration Se Division of Co	
	D. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVVY USA LLC					
(Name of the Limit	<u>ed Liability Comp</u> (A Florida Limited	any as it now appears on : Liability Company)	our records.)		
		were filed on $\frac{9/20/20}{}$	21	and assig	ned
Florida document number L21000413468	 ,				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the design	ation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applic	able:	N/A			
Principal office address MUST BE A STREET ADDRE				202	
				· •	
					- ب
Enter new mailing address, if applicable:		N/A		L.)	i
	BOX)			5	
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		·		<u> </u>	
		address on our recor	ds, <u>enter the name</u>	e of the new	registered
Name of New Registered Agent:	N/A				···-
New Registered Office Address:					
		Enter Florida s	treet address		
			, Florida		
If amending name, enter the new name of the A new name must be distinguishable and contain the words there new principal offices address, if applicable incipal office address MUST BE A STREET A ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BO. If amending the registered agent and/or registered and/or the new registered office address had been address to the new registered Agent:		City		Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN S. ULLOA	2600 SOUTH DOUGLAS ROAD, SUITE 913	🗆 🔿 Add
		CORAL GABLES, FLORIDA 33134	= Remove
MGR	ADRIANA CAROLINA NOVOA	888 SOUTH DOUGLAS ROAD APT PH06	= Add
		CORAL GABLES, FL 33134	
			□Change
			□Add
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot ck does not meet the	be prior to date of e applicable stati	filing or more than 9 atory filing require	(optional) 0 days after filing.) Pu ments, this date wil	rsuant to 605.020 I not be listed a
ecord specifies a delayed effective is filed.	date, but not an effe	ective time, at 12	2:01 a.m. on the ea	rlier of: (b) The 90	Ith day after the
	202	ŀ			
October 21					
October 21	Signature of a member		12 min		

Filing Fee: \$25.00