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COVER LETTER

SUBJECT: SCHOOLE HEEK 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:	
Natashela Montgomery Name of Person Savage Heels Limited Liability Company Firm/Company	
3945 Grandoki Dr Address	
Orlando Florida 32811 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Name of Person Name of Person Name of Person Area Code Daytime Telephone Number	Fig. 3. 3. sec. 4. sec
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee \$60.00 Filing	

Registration Section

Division of Corporations

TO:

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

Savage Heels Limited Liability Co	ted Liability Company) ited Liability Company) 10 25 21	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>しなんのの中で2ゅう3</u>	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I HOUTEDE, SOVOCE L The new name must be distinguishable and contain the words "Islmited L	LC	riation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of	the new registered
agent and/or the new registered office address here: Name of New Registered Agent:		202
New Registered Office Address:	Enter Florida street address Florida City	DEC 1
New Registered Agent's Signature, if changing Registered Age	<u>المنا</u> <u>ent:</u> تا	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, and I am fami as provided for in Chapter 605, F.S. Or, if th	liar with and his document is
Īf Č	Changing Registered Agent, Signature of New Register	red 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
			□Add
			□Remove
			Change
			□Add
			□Removc
			☐ Change
		·	□Remove
			□Change
			□Add
			Remove
			STAD Remove
			
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) reflective day after the ord is filed.
Dated December 10th 2024.
Signature of a member or authorized representative of a member
MOHOSPILL Montgomery Typed or printed name of signee

 $(\mathbf{k}_{i},$

Filing Fee: \$25.00