## L21000493160

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	)
☐ SICK-NЪ	WAIT	MAIL
(Bı	usiness Entity Name)	
,	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	ocument Number)	
(50	ocament Namber)	
		_
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





200440218792

11/26/24--01039--006 \*\*25.00

JAN 06 S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SAVCHIN	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNIFER CHARAN		
		Name of Person	
		Firm/Company	
	2248 GOLD SUMMIT ST	REET MINNEOLA	
		Address	
	FLORIDA 34715		
		City/State and Zip Code	
	jennifersinvestments@outle	ook.com to be used for future annual report no	(Gratian)
For further information of	e-mail address: ( concerning this matter, please c		(meanon)
OMA RAGNAUTH		718 7089809 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	orporations
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

SAVCHIN LLC	<u> </u>	.s-
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were f	filed on JAN 19, 2022 and	assigned
lorida document number L21000493160		,! -:!
his amendment is submitted to amend the following:		· '1
a. If amending name, enter the new name of the limited liability co	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Con-	apany," the designation "LLC" or the abbreviation	"L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
<del></del> -		7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office addres	s on our records, enter the name of the	new regis
gent and/or the new registered office address here:	·	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
Ci		xde

## 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 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
AMBR	RAMSARAN CHARRAN	11245 TUSCARORA LANE	
		MINNEOLA FL 34715	■ Remove
			□Change
			Remove
			□Change
			□Add
			□ Remove
			[]Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

						_
				<del></del>		
						_
·						
			<u> </u>			
			<u> </u>			
						_
				<del></del>		
			-			
		<u></u>				
			<u></u>		<del></del>	
			······			
				<del></del> -	_	
ective date, if other than t	the date of filing:		10	ntional)		
ective date, if other than t effective date is listed, the date r e: If the date inserted in this	musi ne snecilic and caudor	DC DITOL TO GATE OF THIRD	or more man 70 days	after filing.) Pu	irsuant to f	605.02 listed
e: If the date inserted in this ument's effective date on the	Department of State's	records.	timg requirements	, tills date wil		
	and a second and the second and a		.m. on the earlier o	f: (b) The 9	Oth day a	fter ti
	ctive date, but not an eff	ective time, at 12:01;				
s filed.						
cord specifies a delayed effects filed.  NOV 21	. 2024	4			17.	20:
s filed. ed NOV 21	. 2024	4			<u> </u>	2024 ::
s filed. ed NOV 21		4			<u> </u>	2024 (33.1.2

Filing Fee: \$25.00