

(Requestor's Name)	
(Address)	500432059185
(Address)	300432033103
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06.728/2401027011 <b>**</b> 25.80
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	. 2
	1 11 26 2024 Juri 26

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Savanans Clever K9's LLC 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:
Savanan Glass Name of Person
Savanan's Clever K9's LLC Firm/Company
3100 Palmoale Avenue
Pensacola, Fl 32520 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Savaman Glass at (850) 580 - 999 6  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Sovanans Clark (Name of the Limited Liab	ener lability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L22000198246</u>	Company were filed on 4120	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of	ing LLC	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
		<b>1</b>
Enter new mailing address, if applicable:		22
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		2:
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	uddress
	Expert First Code in Code	
	City	, Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
		□Remove	
			□Change
			□ <b>A</b> dd
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Channa

_	
_	
_	
_	
_	
_	
_	
_	
<del></del>	
_	
Note: I	tive date, if other than the date of filing:
the record ford is file	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 d.
Dated _	Signature of Symember or authorized representative of a member
	Savanan Class  Typed or printed name of signee