

L22000286087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

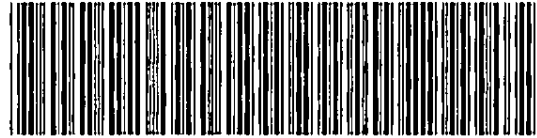
(Business Entity Name)

(Document Number)

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FILED

2022 OCT -6 AM 10:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELL MEDIC REPAIRS 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:

Jordan Lulich

Name of Person

Lulich & Attorneys, P.A.

Firm/Company

1069 Main Street

Address

Sebastian, Florida 32958

City/State and Zip Code

sunbiz@lulich.com

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

For further information concerning this matter, please call:

Jordan Lulich

772 589-5500
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 OCT -6 AM 10:58

CELL MEDIC REPAIRS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/23/2022 and assigned
Florida document number L22000286087

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Civil Savage Society LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7602 Winter Garden Parkway

(Principal office address MUST BE A STREET ADDRESS)

Fort Pierce, Florida 34951

Enter new mailing address, if applicable:

7602 Winter Garden Parkway

(Mailing address MAY BE A POST OFFICE BOX)

Fort Pierce, Florida 34951

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Johnny K. Johnson, Jr.	815 23rd Place SW	<input type="checkbox"/> Add
		Vero Beach, FL 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zachary T. Jenness	1825 39th Avenue	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Paul Townsel	956 Revels Ln	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 OCT -6 AM 10:58
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FBI
OCT -6 AM 10:58
FALL HASSETT

(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 _____

Jim R. Fisher

10 pPgJvSTqco6WLEesJAWTJ-FD

Signature of a member or authorized representative of a member

James R. Fisher, Jr.

Typed or printed name of signee

Filing Fee: \$25.00