

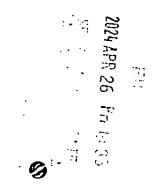
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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04/26/24 -01010--619 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBJECT:	Quest Trust Company Self Directed Roth IRA FBO Savil Property Solutions LLC					
SUBJECT:						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Jen Iverson				
	Name of Person					
		Asset Defense Team				
	Firm/Company					
	P.O. Box 587					
	Address					
		Necedah, WI 54646				
			City/State and Zip Code			
		iverson.j@assetdefensetean				
			to be used for future annual report	notification)		
For further in	iformation c	oncerning this matter, please c	all:			
Jen Iverson		920 988-1106 at ()				
Name of Person		Area Code Day	time Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25,00 F	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)		
	iling Addres		Street Address			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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
			□Remove
			□Add
			□Remove
			Change
			Dodd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change