

L22000439725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

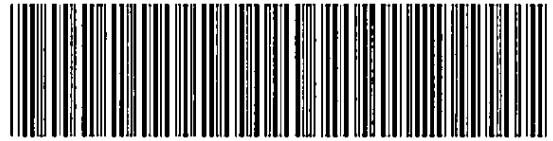
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/22/24--01009--023 **25.00

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2024 MAR -1 PM 2:21
HASTING, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2024

JOVANI MONEXIL, EXQ.
401 EAST JACKSON STREET, SUITE 2340
TAMPA, FL 33602

SUBJECT: SAVIOR NATIONAL SOLUTIONS, LLC
Ref. Number: L22000439725

We have received your document for SAVIOR NATIONAL SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to change to a PLLC you will need to file the amendment form. Please list what professional services are being provided in the amendment form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00003000

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savior National Solutions, 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:

Jovani Monexil
Name of Person

Savior National Solutions, LLC
Firm/Company

401 E. Jackson ST, Suite 2340
Address

Tampa/FL 33602
City/State and Zip Code

Contact@saviornational.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Jovani Monexil at (813) 921-0007
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: check previously submitted

- ☒ \$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 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**

Savior National Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 12, 2022 and assigned Florida document number L22000439725

This amendment is submitted to amend the following:

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

Savior National Solutions, PLLC
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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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.

N/A
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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N/A

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FALL HARBOR, N.Y.
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The professional services being provided is law firm offering legal services.

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TALAMON ASSOCIATES


E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 2/23/24


Signature of a member or authorized representative of a member

Javani Monexil
Typed or printed name of signee