

L23000023688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

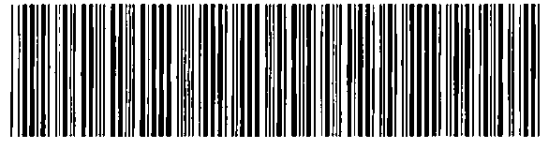
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100437135841

10/01/24--01045--007 \*\*25.00

2024 OCT -1 AM 7:31

FILED

WMH/5

S'Avila LLC  
17000 N Bay Road  
Sunny Isles, FL 33160  
angelbutterallure@gmail.com  
(786) 690-7638  
June, 18th 2024

To Whom It May Concern,

I, Marien Viera Hernández, hereby authorize Christian Michael Avila Llerena, who holds the majority of shares and is the President of S'Avila LLC, located at 17000 N Bay Road, Sunny Isles Beach, FL 33160, to legally remove me from the company.

Christian M. Avila Llerena is granted full authority to act on my behalf in this matter and to undertake any necessary steps to ensure my removal from the aforementioned company.

Please accept this letter as my formal consent and authorization.

Sincerely,

  
Marien Viera Hernández

Date: 07/29/2024

\*\*Notary Public Section\*\*

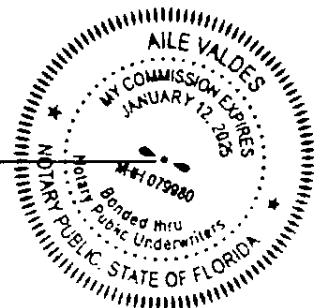
State of Florida  
County of Dade

On this 19 day of July, 2024, before me, the undersigned notary public, personally appeared Marien Viera Hernández, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that she executed it for the purposes therein contained.

Witness my hand and official seal.

  
Notary Public

My commission expires:



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAVILA 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:

ROLANDO TRUJILLO

\_\_\_\_\_  
Name of Person

DORAL ACCOUNTANTS LLC

\_\_\_\_\_  
Firm/Company

3785 NW 82 AVENUE SUITE 111

\_\_\_\_\_  
Address

DORAL, FL 33166

\_\_\_\_\_  
City/State and Zip Code

doraltaxfirm@gmail.com

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

For further information concerning this matter, please call:

ROLANDO TRUJILLO

305 717-6726  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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**

S'AVILA 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 08/26/2024 and assigned  
Florida document number L23000023688.

This amendment is submitted to amend the following:

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

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*

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**

[illegible]

[illegible]

(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.

X

*[Signature]*

CHRISTIAN M. AVILA  
Typed or printed name of signee

**Filing Fee: \$25.00**