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## COVER LETTER

	Registration Division of C		,	*	
SHID IFO	Savvy St	rolls. LLC		_	
SUBJEC		Name of Lin	nited Liability Company	<u> </u>	
The enclo	sed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all corres	pondence concerning this matter	to the following:		
		Amy Trout			
			Name of Person		
SUBJECT The enclose Please return Amy Trou Enclosed is \$25.00				2023 SEC	
			Firm/Company	新	i eser-
		35604 Wickingham Ct.		28	
			Address	SSE CH	
		Zephyrhills, FL. 33541		2023 MAR 28 FIT STATE SECRETALL AND SEEF. FL	<u>ب</u> <u>ڪ</u>
			City/State and Zip Code		
		savvystrolls@outlook.com		<del></del>	
For furthe	er information	E-mail address: ( a concerning this matter, please c	to be used for future annual report noti all:	fication)	
			303 241-2789		
Name of Person			at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for	the following amount:			
<b>■</b> \$25.0	0 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 enclo	
F F	P.O. Box 63	a Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savvy Strolls, 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  $\frac{1/30/2023}{1}$ \_\_\_\_\_ and assigned Florida document number <u>L2300</u>0055943 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
MGRM	Amy Trout	35604 Wickingham Ct. Zephyrhills, FL. 33541	□Add
			□ Remove
		Change from MGR to MGRM.	Change
			□ Add
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Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this locument's effective date on the locument's	ust be specific and block does not a	d cannot be pri- meet the appl	icable statut		nan 90 days a		.) Pursu	
record specifies a delayed effect is filed.	ive date, but no	t an effective	time, at 12:	01 a.m. on th	e earlier of	(b) T	he 90th	day after the
March 22		2023						
		·	<u> </u>	1				

Typed or printed name of signee