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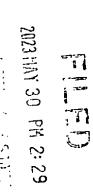
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Y. SCOTT JUL 2 2 2023

COVER LETTER

TO:

FO: Registration Section Division of Corporations	•
SUBJECT: Savent Se	YVICES LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Jessica	Powell Name of Person
	Firm/Company · ~
4172 I	nverrary Drive #209
Lauderhi	11, F1 33319 P City/State and Zip Code
JESSICAr E-mail add	Dowell @ Yahoo. Com diess: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Lessica Powell Name of Person	at (954) 037 - 1548 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\$ \$25.00 Filing Fee	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savent Services	110
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies L23000 219554.	by were filed on $\frac{5/3/23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	231/A/ 30 PH 2:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
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 addec or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address		Type of Action
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