

L23000238376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

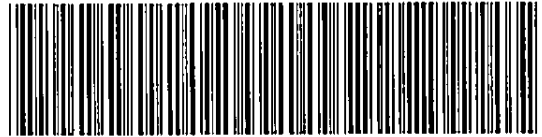
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savitta Ford 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:

Savitta Ford
Name of Person

803 Lake Haven Sq #206
Firm/Company

Address

Brandon FL 33511
City/State and Zip Code

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

For further information concerning this matter, please call:

Savitta Ford at (813) 391 7924
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2023

SAVITTA FORD
PO BOX 665
VALRICO, FL 33595

SUBJECT: SAVITTA FORD LLC
Ref. Number: L23000238376

We have received your document for SAVITTA FORD LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00016863

RECEIVED
2023 OCT -4 PM 4:10
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Savitha Ford LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

b: 35

The Articles of Organization for this Limited Liability Company were filed on 5-15-23 and assigned Florida document number L23C00238376

This amendment is submitted to amend the following:

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

Savitha Ford Estates LLC

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)

PO Box 665

Valrico Florida 33595

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:

Savitha Ford

SP

New Registered Office Address:

863 Lake Haven Dr #206

Enter Florida street address

Brandon

City

Florida

33511

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.

[Signature]

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>
MGR	Savitta Ford	803 Lake Haven St # 300	<input checked="" type="checkbox"/> Add
	2210 Dupont Ave No	Brandon Fr 33511	<input type="checkbox"/> Remove
	Mpls MN 55411		<input type="checkbox"/> Change
AMBR	Toni Ford	2210 Dupont Ave No	<input type="checkbox"/> Add
		Mpls MN 55411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Savitta Ford Estates LLC	2210 Dupont Ave No	<input checked="" type="checkbox"/> Add
		Mpls MN 55411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Savitta Ford	2210 Dupont Ave N	<input checked="" type="checkbox"/> Add
		Mpls MN 55411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00