## L23000365574

(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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Special Instructions to Filing Officer:
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08/28/23--01026--027 \*\*25.00

2023 AUG 29 KM 9: 15



### **COVER LETTER**

TO:

Registration Section Division of Corporations

Liability Company
ted for filing.
he following:
NODOVSE SQUARIO Name of Person
A COPP LLC Firm/Company
J 14 PL Address
FL 33147 City/State and Zip Code
e used for future annual report notification)
e used for future annual report notification)
at ( <u>786)</u> <u>873 - 42 12</u> Area Code Daytime Telephone Number
•
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

Savario DA Corp LI	C 2023 AUG 29 AM 9: 15
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
	$M \circ M(Y_{i+1}) : A \circ A$
The Articles of Organization for this Limited Liability Company w	vere filed on 08 03 2023 and assigned
Florida document number <u>L2300036551</u> H	<b>,</b>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC."
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 ad	dress on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of Nicol Do Toron 1.4	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florido

#### 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dayris Nobarse Sau	vario 8000 NW 14 PL	( <del>L</del> Add
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(If an e	ctive date, if other than the date of filing: 2023 (optional) 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
the re ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	08/23/2023
Dated	
Dated	Signature of a member or authorized representative of a member