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COVER LETTER

Division of Cor		·	v
Sav-a-life (CPR LLC		
Source.	Name of Lin	ited Liability Company	
mu		w. i.e. gr	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Darline Theodore		
		Name of Person	
	Sav-A-Life CPR		
		Firm/Company	· <u>-</u>
	5292 Fiddle Fig Ave		
		Address	
	Wimauma, Fl 33598		
		City/State and Zip Code	
	savealife4today@gmail.cor		-
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
Benjamin Theodore		941 243-7265	
Name o	r Person	at (at Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sav-a-life CPR		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/24/23	and assigned
Florida document number 1.23000485832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" 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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of he of registered
New Registered Office Address:	Enter Florida street addres	SA
	T-1	
	, FI	orida 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Benjamin Theodore	5292 Fiddle Fig Ave Wimauma, Fl 33598	□∧dd
			=Remove
			□Change
AMBR	Darline theodore	5292 Fiddle Fig Ave Wimauma, Fl 33598	= Add
			©Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

Iffective date, if other than the date of filing:		
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ffective date, if other than the date of filing: (optional)		
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Dated 1-4-24 Bending Theodore Signature of a member of authorized representative of a member	Note: 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	d is file	d.
	ated _	1-4-24
		Bending Theodore Signature of a member or authorized representative of a member

Filing Fee: \$25.00