L23000548925

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	iling Officer:	
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12/19/23--01036--003 **25.00

2023 DEC 19 PM 3: 08
SECRETARY OF STATE
THE LANGUAGE FOR

COVER LETTER

TO: Registration Section of Corp.	tion orations		
SUBJECT: SA	VENEXT LL		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Melvis H	Name of Person	
	SAVE	NEXT LLL Firm/Company	
	800 COTAL	Lidge Or Ap	204
	Corpl Sprin	as FL 3307 City/State and Zip Code	<u> </u>
	Melvis Homill E-mail address: (to	o be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	II:	
Melvis Har	Person	at (<u>954</u>) <u>263 S</u> Area Code Daytime	35-8 : Telephone Number
Enclosed is a check for the	following amount:		
SZL\$25.00 Filing Fee	S30.00 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVE NEXT LL	<u></u>
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000548925</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	·
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1440 CORP Ridge Dr. PMB #119
(Principal office address MUST BE A STREET ADDRESS)	PMB #1/9
	Coral Springs FL 33=71
Enter new mailing address, if applicable:	1440 Coral Lidge Dr.
(Mailing address MAY BE A POST OFFICE BOX)	PMD # 119
	Corn Springs /2 330.7/
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Me	luis Hamilton
New Registered Office Address:	
	Enter Florida street address
 	City City
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MUR	Melvis Hamilton		
			🗆 Remove
			De Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□ Change
		🗆 Add	
			□ Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: (optional) ective 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 sent's effective date on the Department of State's records.
he recor	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Sm/
	Signature of a member or authorized representative of a member
	Melvis Hamilton Typed or printed name of signee

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Filing Fee: \$25.00