LZU 000 150 519

(Requestor's Name)
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PICK-UP WAIT MAIL
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08/14/24--01013--003 **25.00

COVER LETTER

TO: Registration S Division of Co			
SAVEME SUBJECT:	LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing	
	ondence concerning this matter	-	
	BRYAN SALVATO		
		Name of Person	
	SAVEMD LLC		
		Firm/Company	
	1306 EASTWIND DR		
		Address	
	JACKSONVILLE, 141, 32	250	
		City/State and Zip Code	
	BRYAN_SALVATO@BE		
For further information o	e-man address: (to be used for future annual report no all:	tification)
BRYAN SALVATO		561 239-2593 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address:	action
Division of C	Corporations	Registration Se Division of Co	
P.O. Box 632		The Centre of	Γallahassee
Tallahassee, l	TL 34314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

my as it now appears an our man	ole)	
as it now appears on our recor- ability Company)	<u>us.</u> ;	
were filed on MARCH 28th 20	024 and assigned	
ility company here:		
lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
1306 EASTWIND DR		
JACKSONVILLE BEACH, FL 32250		
1306 EASTWIND DR JACKSONVILLE BEACH, E	刊. 32250	
address on our records, <u>ente</u>	r the name of the new registe	
Datas Black to street add	A00	
	lorida Zip Code	
	ility company here: lity Company," the designation "LL 1306 EASTWIND DR JACKSONVILLE BEACH, I 1306 EASTWIND DR JACKSONVILLE BEACH, I address on our records, ente	

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must tote: If the date inserted in this bloocument's effective date on the De	ck does not n	neet the applica	o date of filing or ble statutory fil	more than 90 days af ing requirements, t	tional) ter filing.) Pursuant his date will not b	to 605.0207 oe listed as
record specifies a delayed effective Lis filed.	date, but not	an effective tin	ne, at 12:01 a.n	a. on the earlier of:	(b) The 90th day	v after the
ated		2024				
Bow	1_21		<u> </u>			