

L24000347194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

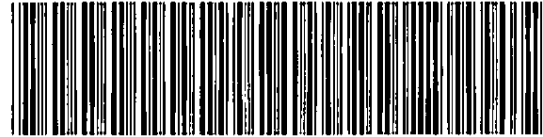
(Document Number)

Certified Copies _____ Certificates of Status _____

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000440806870

2024 DEC 19 PM 3:16

FILED

2024 DEC 18 PM 3:09

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$25.00

Authorization Signature

Savvy Capital Solutions LLC L24000347196

Business

#Document

Walk in

Will wait

Certified Copies of the Articles of Organization -
Certificate of Status

NEW FILINGS

Profit
Not for Profit
LLC
Domestication
INC
CORP
OTHER

AMENDMENTS

X Amendment
Resignation of R.A.
Change of Registered Agent
Dissolution/Withdrawal
Conversion
Statement of Authority
Merger
Amended and Restated Articles

OTHER FILINGS

Annual Report
Fictitious Name
Statement of Authority
APOSTIL
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign Filing
Partnership
Reinstatement
Statement of CORRECTION
Domestication of a Foreign Corp.
Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **SAVVY CAPITAL SOLUTIONS 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:

Bruce Soscia

Name of Person

Firm/Company

7491 W Oakland Park Blvd, Suite # 306-1

Address

Lauderhill, FL 33319

City/State and Zip Code

avemanagementinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Soscia

401

648-5124

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

SERENATA BEACH CLUB HOLDINGS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/07/2024 and assigned
Florida document number L24000347196.

This amendment is submitted to amend the following:

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

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)

7491 W Oakland Park Blvd, Suite # 306-1

Lauderhill, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7491 W Oakland Park Blvd, Suite # 306-1

Lauderhill, FL 33319

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:

Jarrett Perry

New Registered Office Address:

900 N Olive Avenue

Enter Florida street address

West Palm Beach

Florida

33401

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAMON, ANDREW	7491 W Oakland Park Blvd, Suite # 306-1,	<input type="checkbox"/> Add
		Lauderhill, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SOSCIA, BRUCE, SR	7491 W Oakland Park Blvd, Suite # 306-1,	<input type="checkbox"/> Add
		Lauderhill, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 13th, 2024

EDS

Signature of a member or authorized representative of a member

Bruce Soscia

Typed or printed name of signee

Filing Fee: \$25.00