P08000062392

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(Ad	dress)	
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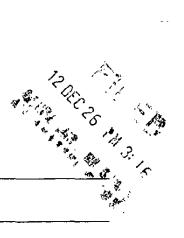
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DC

COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPOR	RATION: Savin, Inc.		
	BER: P0800006239	2	
	of Amendment and fee are sub		
	spondence concerning this mat	-	
	Sandra Savin		
		Name of Contact Person	
	Savin Inc.		
		Firm/ Company	
	609 NE 14 AVE.	4 403	
		Address	
	HALLANDALE BE		
		City/ State and Zip Code	
kur	ezemun@yahoo.d	om	
	E-mail address: (to be us	ed for future annual report no	otification)
For further information	n concerning this matter, pleas	e call:	
Milan Kuridza	a	at(954	822-6559
Name	of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depart	ment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Division Clifton E 2661 Ex	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of



Savin, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

dment(s) to

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following Articles of Incorporation: A. If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporatio	The n
Articles of Incorporation: If amending name, enter the new name of the corporation: Imme must be distinguishable and contain the word "corporation," "company," or "incorporated" or the Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable:	The n
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Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
(Malling address MAT BE A POST OFFICE BOX)	
	_
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida, Florida	
(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent:	
pereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	Milan Kuridza	609 NE 14 AVE. #403
X Add			HALLANDALE BEACH, FL 33009
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

nmending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 12/18/12	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12/18/	12
Signature	four for
(By ਭ∕ ਰੀ	irector, president or other officer - if directors or officers have not been
selected	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	Sandra Savin
	(Typed or printed name of person signing)
	President
	" (Title of person signing)