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P09000095095

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

14 OCT -7 AM 11:00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
2800 BRICKELL 500, INC.**

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PAGE 02/07

10/7/2014 8:48:32 AM PAGE 1/001

Fax Server



October 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2800 BRICKELL 500, INC.
1492 SOUTH MIAMI AVE
MIAMI, FL 33130

SUBJECT: 2800 BRICKELL 500, INC.
REF: P09000095095

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H14000234349
Letter Number: 114A00021357

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 2800 Brickell 500, Inc.

DOCUMENT NUMBER: P09000095095

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Contact Person

Adams Gallinar, P.A.

Firm/ Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/ State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

Name of Contact Person

at (305) 416-6800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED(((H14000234349 3)))
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

14 OCT -7 AM 11:00

Articles of Amendment
 to
 Articles of Incorporation
 of

2800 Brickell 500, Inc.

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

P09000095095

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SAVA RIVER, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. 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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby 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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>Martin N. Ecker</u>	<u>1000 Brickell Avenue</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>Miami, Florida 33131</u>
2) <input type="checkbox"/> Change	<u>VPVS</u>	<u>Silvana S. De Ecker</u>	<u>1000 Brickell Avenue</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>Miami, Florida 33131</u>
3) <input type="checkbox"/> Change	<u>VTD</u>	<u>Silvana S. De Ecker</u>	<u>1000 Brickell Avenue</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>Miami, Florida 33131</u>
4) <input type="checkbox"/> Change	<u>P</u>	<u>Virginia Perez</u>	<u>1492 South Miami Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33130</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: October 6, 2014 14 OCT -7 AM 11:00, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 6, 2014

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert R. Adams, Esq.

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)