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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Savy Rydes, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley Palumbo Name of Contact Person Savry Lydes, Inc. Firm/Company
Name of Contact Person
Savry Kydes, Inc.
Firm/ Company
32/0 /V 37 3/ /
3270 N. 37 St; Address Hollywood FL 33021 City/ State and Zip Code
City/ State and Zip Code
chidren a source dos com
Shivly @ Savvyry des - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Shir ley Palumbo at (786) 262-9868 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate Opy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (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

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

the record to be	. Please inc	dicate the title(s), name and ad	dr <u>ess for each</u>	irectors of the corpo officer/director. an 6 officers/director		
additional sheet, Title(s) 1)) <u>1</u>	Name Shirley		<u>Ad</u>	dress 3270 N 35 Hollyward F		on un
2)	_		· · · · · · · · · · · · · · · · · · ·	 	no (rigo do)		
3)	-						
4)	_		- <u> </u>				
5)	_						
6)							
If REMOVING	an officer	and/or director,	please list the	title(s) and nar	ne of the officer/dire	ctor to be removed	<u>:</u>
Title(s)	Name Ewa	Nowins	<u>(a</u>	<u>Title(s)</u>	<u>Name</u>		
2)				5)			

3)____

6)_____

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		-
···		

f. If an amendment provisions for impl	rovides for an e	xchange, recla nendment if no	ssification, or cancellation of contained in the amen	n of issue Iment its	ed shares. elf:	
(if not applicable						_
_ FUL N	bunskas	Shares	transferred	to	Shirky	Palumbo
						
The date of each amend	lment(s) adoptio	on:	11/29/11	1/	3/12	
Effective date <u>if applica</u>	<u>ble</u> :					
		(no moi	re than 90 days after amer	idment fil	e date)	
Adoption of Amendmen	ıt(s)	(CHECK O	NE)			
☐ The amendment(s) was by the shareholders w			ders. The number of votes	cast for	the amendment	(s)
			olders through voting grou			nent
		` '	was/were sufficient for a	pproval		
by)	"		
		(voting group	p)			
☐ The amendment(s) wa action was not require		by the board of	directors without sharehol	der action	and sharehold	ler
The amendment(s) was action was not require	s/were adopted b d.	by the incorpora	ators without shareholder a	ection and	l shareholder	
Dated_		1/29/11	<i>A</i>			
Signate	ıre		BY -,			
3.g	(By a director selected, by a		ther officer – if directors of if in the hands of a receifiduciary)			
	• •		hirley Palu, printed name of person si	mbo		
		(Typed or			-	
			Bresident	Inc	orporator	
			(Title of person signin	g)		