P1700068165

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SAVAVE, CORP			
DOCUMENT NUMI	P15000070038			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JOSE LEON			
		Name of Contact Person	1	
	LBS-LEONBUSINESERVICES LLC			
		Firm/ Company		
	8333 W MCNAB RD SUITE	E 115		
•		Address		
	TAMARAC FLORIDA 333	21		
		City/ State and Zip Cod	e	
er e A	ARRIGUZĀLUANDHRANDOR	DVICES COM		
11,5.0	OFFICE@LEONBUSINESEI	sed for future annual report	notitiogtion)	
	is man address, (b) be a	sea wa ratare amata report	notificationy	
For further information	n concerning this matter, pleas	se call:		
JOSE LEON		954 at (323-9074	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	artment of State:	
S35 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 17 PM 1: 45

JOVANESA CORP	2010 321 17 111 1 10
(Name of Corporation P17000068165	on as currently filed with the Florida Dept. ofSiafe) ETARY OF STATE TALLAHASSEE, FL
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation;	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	:
(Principal office address <u>MUST BE A STREET ADD</u>	
	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
Van Brainson (Office Affice)	, Florida
New Registered Office Address:	(City) Zip Codes
New Registered Agent's Signature, if changing Reg	
r nereny accept the appointment as registered agent.	Lam familiar with and accept the obligations of the position
Sian	ature 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: <u>X</u> Change	<u>PT</u>	John Doe		
\underline{X} Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	V	SAMUEL VARGAS VELASZO	7427 SW 152ND AVE	
X Add			APT 101	
Remove			MIAMI, FL 33193	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			***	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional A	ticles, enter change(s) here:	
(Attach additional sheets, if necessary	, (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
		
		
If an amendment provides for an ev	change, reclassification, or cancellation of issued shares,	
provisions for implementing the at	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

	11,70	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
09 Effective date <u>if applicable</u> :	0/12/2018	
rifective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendmentts):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·	
,	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/12/20	18	
Dated Signature	Mun J. Naryas.	
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	JOHN DAVID VARGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	