

L13000007603

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

JAN 11 2013  
L. SELLERS

From:

Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509)768-2249  
Fax Number : (323)544-4790

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

Email Address: CSELLCAGENT.COM

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAMY INVESTMENTS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

13 JAN 10 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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H13000007603  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAMY INVESTMENTS 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 December 31, 2012 and assigned Florida document number L13000000070.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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

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STATE  
OFFICE

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>                                       | <u>Type of Action</u>  |
|--------------|-------------|--|--|
| MGRM         | Naor Dror   | 3030 N Rocky Point Drive STE 150A<br>Tampa, FL 33607 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Maor Dror   | 3030 N Rocky Point Drive STE 150A<br>Tampa, FL 33607 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated January 10, 2013



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Dan Keen Organizer**  
\_\_\_\_\_  
Typed or printed name of signee

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