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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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ALLAHASSEE, FLORIDA

AUG 2 4 2022 S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

Subject:			
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carol E. Laufersky		
		Name of Person	
	Sammy Joe's LLC		
		Firm/Company	
	706 Murray Circle		
		Address	
	Lady Lake, FL 32159		
		City/State and Zip Code	··
	E-mail address:	to be used for future annual report not	ification
For further information	concerning this matter, please c	·	incation
Carol E. Laufersky	Ç	352 516-6917	
Name (of Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sammy Joe's LLC			
(<u>Name of the Lim</u>	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	JUN -9 Pland assigned
The Articles of Organization for this Limited I	Liability Company were fi	led on 03/26/2013	— ind assigned
Florida document number L13000044616			6: 34 1A15 0R15
This amendment is submitted to amend the fol	lowing:		j>
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:	·-	
(Principal office address MUST BE A STRE.	ET ADDRESS)	 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			
B. If amending the registered agent and/or agent and/or the new registered office address.		on our records, enter the name	e of the new registered
Name of New Registered Agent:	Carol E. Laufersky		
New Registered Office Address:	706 Murray Circle		
New Registered Office Address.		Enter Florida street address	
	Lady Lake	, Florida ³²¹	59
	City		Zin 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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□Add
			□Remove
			Chango

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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b	ist be specific and cannot be pri lock does not meet the app	ior to date of filing or more to licable statutory filing re	(optional) than 90 days after filing.) quirements, this date v	Pursuant to 605.0207 will not be listed as
	repartment of state's recon			
document's effective date on the E e record specifies a delayed effecti		e time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
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