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CORETABLY OF STATE

S Warren
JUL 0 5 2016

COVER LETTER

TO: Registration Section Division of Corp	tion orations		
SUBJECT: 50	Ammy 3 Gian	Investments ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	S	andra Saad Name of Person	
	Sammy	a Gigi Investo	nents LLC
	13605 50	N 183 Terr.	
	<u>Hiami</u>	FL 33117 City/State and Zip Code	
	Sansandra E-mail address: (1	to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	all:	
Sandra Name of	Solad	at (786) 306 - Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sammy (Name of the Limited	S Gigi Inv I Liability Company as it A Florida Limited Liability	lestments now appears on our record Company)	LLC ls.)	-
The Articles of Organization for this Limited Lial Florida document number LIGODO51	• • •	led on <u>3-11-11</u>	0 and a	assigned
This amendment is submitted to amend the follow	In it is submitted to amend the following: If a part of the new name of the limited liability company here: If the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation			
A. If amending name, enter the new name of t	he limited liability co	mpany here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Comp	pany," the designation "LLC	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicat	ble:		200	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u> e	<u></u>	:	HO T	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office ad ce address here:	ldress on our records	s, <u>enter the nam</u>	e of the nev
Name of New Registered Agent:	Sandra	a Saad		
New Registered Office Address:	13605 S			
	<u> </u>		o rida <u>3317</u> Zip Cod	<u> </u>

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.

If 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
MGR	Sandra Saad	13/005 SW 183 Terr Hiamiff 33	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
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on effective date is listed, ote: If the date inserte	the date must be speci	itic and cannot be pr	ior to date of filing or r	nore than 90 days alt	er filing.) Pur	suant to 605.020
cument's effective da				ig requirements, in	iis date wiii	not be nated t
record specifies			not an effective	time, at 12:01	a.m. on t	he earlier
The 90th day afte	r the record is i	ileu.				
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	Circonia	e of a member or au	thorized representative	e of a member	3E	
	Signand				FB 202	_ [1]

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Filing Fee: \$25.00