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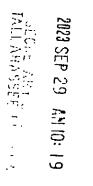
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	Registration Section Division of Corpor			٠	. v
SUBJEC	T:	\8050 S	San S Pl	ace LL	<u> </u>
The enclo	sed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please ret	urn all corresponde	nce concerning this matter t	to the following:		
		Keu	Past Name of Person		
			Firm/Company		
		356 -	Island Cir Address	ck	
	-		City/State and Zip Code h weehouse o be used for future annual		
For furthe	er information conc	erning this matter, please ca		Teport notification,	
	Name of Per	son	at (<u>973</u>) Area Code	934-52 Daytime Teleph	2-5 one Number
Enclosed	is a check for the fo	ollowing amount:			
世\$ 25.0	00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18050 Sam's Pla	ace LLC	1/
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>2300076496</u> . This amendment is submitted to amend the following:		> <u>∂3</u> and assigned
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liability".	5/ LLC	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabilit		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	356 Is/a,	EL 34242
Enter new mailing address, if applicable:	35 6 Island 500050+9, F	V Circle
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, F	34242
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new registered
	, 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 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 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
	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or a lote: If the date inserted in this block does not meet the applicable statutory filinocument's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605,020
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. l is filed.	on the earlier of: (b) The 90th day after the
ated <u>September 25</u> . 2003.	
La Company of the Com	
Signature of a member or authorized representative	ve of a member

Filing Fee: \$25.00