

L17000133914

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J SHIVERS

COVER LETTER

Registration Section
Division of Corporations

SAMA WIFI LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana E. Maldonado

Name of Person

SAMA WIFI LLC

Firm/Company

2269 S University Drive # 5164

Address

Fort Lauderdale, FL 33324

City/State and Zip Code
sales@samawifi.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana E. Maldonado

954

903-0755

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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**

SAMA WIFI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 06/20/2017 and assigned
document number 117000133914.

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain 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

2269 S University Drive # 5164

Fort Lauderdale, FL 33324

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2269 S University Drive # 5164

Fort Lauderdale, FL 33324

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

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

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

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Aaron Mendiola	14359 Miramar Pkwy, Suite 303	<input type="checkbox"/> Add
		Miramar FL, 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Diana E. Maldonado	14359 Miramar Pkwy, Suite 303	<input type="checkbox"/> Add
		Miramar FL, 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	SAMA WIFI SA DE CV	Circuito Médicos #6, Piso 3 Cd.	<input checked="" type="checkbox"/> Add
		Satélite, Naulcapan, Cd., Satélite	<input type="checkbox"/> Remove
		53100 Ciudad de México, México	<input type="checkbox"/> Change
R	Conquistador Engineered Solution Inc.	14359 Miramar Pkwy, Suite 303	<input checked="" type="checkbox"/> Add
		Miramar FL, 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK DEPT. OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____ (optional)

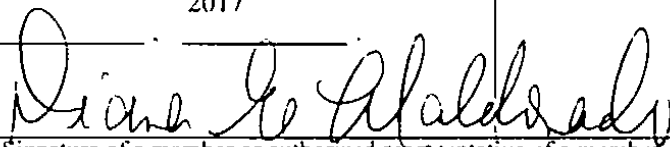
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated July 27

2017



Signature of a member or authorized representative of a member

Diana E. Maldonado

Typed or printed name of signee