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JAN - 7 2009

**EXAMINER** 



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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Samy F	loldings, LLC		9
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub	<del>-</del>	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Davis		
		(Name of Person)	<del></del>
•		(Firm/Company)	<del></del>
		(i initroditpary)	
	7344 SW 48 St., #203, N		
		(Address)	
			·· <del>····</del> ··
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)
·		·	•
Enclosed is a check for the	he following amount:		
<b>☑</b> \$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:

TO:

Registration Section -

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

Samy Holdings, LLC					
( <u>Name of the Limited L</u> (A F	i <mark>ability Compar</mark> Iorida Limited L	iy as it now appears on our i iability Company)	records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on 9/6/05		and as	signed
Florida document number <u>1.05000087654</u>	·Đ				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the d	esignation "LLC	" or the	abbreviatio
Enter new principal offices address, if applicab	le:	7344 SW 48 St., #203, M	liami, FL 33155	-	0
(Principal office address MUST BE A STREET	ADDRESS)			<del></del>	<u> </u>
Enter new mailing address, if applicable:		7344 SW 48 St., #203, N	liami, FL 33155	S PH	M OF COR
(Mailing address MAY BE A POST OFFICE BO			<i>∴</i>	90	
			<del></del>	07	
B. If amending the registered agent and/or registered agent and/or the new registered office	•		ds, <u>enter the</u>	name	of the nev
Name of New Registered Agent:					
New Registered Office Address:	7344 SW 48 S	St., #203, Miami, FL 33155			
		(Enter Flori	da street addres	s)	
			Florida	Zip Co	d.)
		(City)	(	zip Co	ae)

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.

	rta Arellano	7344 SW 48 St., #203, Miami, FL 33155	Add Remove  Add Remove  Add Remove
MGRM Jes		7344 SW 48 St., #203, Miami, FL 33155	Add Remove
	ssica Davis		Remove  Add Remove
•			Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	<del></del>		Add Remove
D. If amending an	y other information, enter change(s	here: (Attach additional sheets, if necessary.)	
Dated December 3		authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00