## L06000050371

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>(f)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Da	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Eiling Officer	
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations	•	•
SAAM SUBJECT:	Financial, LLC		•
	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Amir Sabet		
		Name of Person	<del> </del>
	Amirco International		
		Firm/Company	
	8636 Beach Blvd		
		Address	
	Jacksonville, FL 32216		
		City/State and Zip Code	
	amirsabet@amircollc.com	to be used for future annual report notif	
For further information	on concerning this matter, please c	·	ication)
Tana Houston		904 864-0311 at ( )	
Nai	ne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	e S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed;

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAAM Financial, LLC

( <u>Name of the Limited I</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	Tri - Tri
			經是 日
The Articles of Organization for this Limited Liabi	Tity Company were filed on $\frac{5/8/200}{2}$	06 	and assigned
Florida document number L06000050371	·		38 38
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Amirco Holdings, LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "L.L.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
		160	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	. <del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		rds, <u>enter the nan</u>	ne of the new registered
agent and/of the new registered office address in	iere.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida s		
	Emer riorida s	areer adaress	
-		Florida	Zip Code
	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
			□Add
			Remove
		<del></del>	□Change
			□Add
			□Remove
		□Add	
	<del></del> .	□Remove	
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(If an effec Note: If	e date, if other than the date of filing:
he record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July 8 . 2020.
	Signature of a member or authorized representative of a member
	Amir Sabet Typed or printed name of signee

Filing Fee: \$25.00