

Division of Corporations

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L06000114495

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SEIDEN, ALDER, MATTHEWMAN & BLOCH
Account Number : I20060000136
Phone : (561) 416-0170
Fax Number : (561) 416-0171

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG
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SAMBA LLC

Division of Corporations

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Samba, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Theresa Rey

(Name of Person)

Samba, LLC

(Firm/Company)

7795 NW Beacon Square Blvd., Suite 201

(Address)

Boca Raton, Florida 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Rey

(Name of Person)

at (561) 416-0170

(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

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08 DEC 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Samba, LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 30, 2006 and assigned Florida document number L06000114495.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

7795 NW Beacon Square Blvd., Suite 201

Boca Raton, Florida 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

Andrew Seiden

New Registered Office Address:

7795 NW Beacon Square Blvd., Suite 201

(Enter Florida street address)

Boca Raton

, Florida

33487

(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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

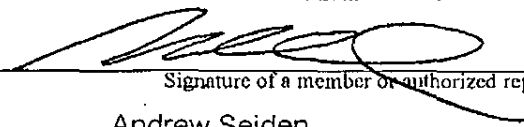
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew Seiden	7795 NW Beacon Square Blvd. Suite 201 Boca Raton, Florida 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andrew Seiden	2300 Glades Road, Suite 340W Boca Raton, Florida 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Wayne Alder	7795 NW Beacon Square Blvd. Suite 201 Boca Raton, Florida 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Wayne Alder	2300 Glades Road, Suite 340W Boca Raton, Florida 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William Matthewman	7795 NW Beacon Square Blvd. Suite 201 Boca Raton, Florida 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	William Matthewman	2300 Glades Road, Suite 340W Boca Raton, Florida 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 18, 2008.


 Signature of a member or authorized representative of a member
Andrew Seiden
 Typed or printed name of signee

(((H08000276184 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brett Bloch	7795 NW Beacon Square Blvd. Suite 201 Boca Raton, Florida 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brett Bloch	2300 Glades Road, Suite 340W Boca Raton, Florida 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA