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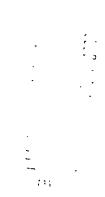


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A. **BUT**LER FEB - 2 2022

## **COVER LETTER**

TO: Registration Section Division of Corpora	
SUBJECT: Broward	1. Foreclosure? Redevelopment, LCC Name of Limited Liability Company
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.
Please return all corresponder	ce concerning this matter to the following:
-	Someson Production Management
-	Somson Real Estate Management, LLC- Firm/Company
-	14000 NW 4th Street
<u>-</u>	Survise, FC 33325  City/State and Zip Code  Kent @ Samson Real estate Management. Co.  E-mail address: (to be used for future annual report notification)
For further information conce	
Josh k	
same of Fer	Mea code Prayume retepinate Number
Enclosed is a check for the fo	lowing amount:
☐ \$25.00 Filing Fee ☐	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect Division of Corpo P.O. Box 6327	<u> </u>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	and Kedevelopm	ent CCC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	, , , , <u>E</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>LØ78861111</u> 3Z	were filed on Nov Z, 200	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  SAMSON REAL ESTATE MAWAGE  The new name must be distinguishable and contain the words "Limited Liab"		
The new name must be distinguishable and contain the words "Limited Liabide Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or  14000 NH 4th  SUNRISE F( 3	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:	Enter Florida street address	
	Florid	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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			□Remove
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