## K07000111132

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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** Samson Real Estate Management SUBJECT: 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: Josh Kent Name of Person Broward Foreclosure & Redevelopment, LLC, Firm/Company 14000 NW 4th Street Address Sunrise, FL 33325 City/State and Zip Code jkent0072@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josh Kent 5360072 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, S25,00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samson Real Estate Management, LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)		<u> </u>	
The Articles of Organization for this Limited Liability Compar	ny were filed on November 02, 2007	and	d assign	ed
Florida document number L07000111132			r	
This amendment is submitted to amend the following:				_
A. If amending name, enter the new name of the limited lia	ability company here:			•
Broward Foreclosure and Redevelopment, LLC				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:	•			
(Principal office address MUST BE A STREET ADDRESS)		•	*	
			<u>~</u> ;	
		**1	23	
Enter new mailing address, if applicable:				-11
(Mailing address MAY BE A POST OFFICE BOX)	•	7	- cs	
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B. If amending the registered agent and/or registered office	e address on our records, enter the n	. [5] ame of the	**	evisterer
agent and/or the new registered office address here:	and en variation in the second state in	*	<del>. W</del>	<u>Lancer ex</u>
Name of New Registered Agent:				·
New Registered Office Address:				
	Enter Florida street address		•	
	, Florida			
<del></del>	City	. Zip C	ode,	

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:

<u>or removed</u>	trom our records:		<b>,</b> •
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days a	ptional) fter filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable st ument's effective date on the Department of State's records.		
union seriective date on the Department of State s records.	•	,
cord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of:	: (b) The 90th day after t
s filed.	•	
July 11, 2022 12:01 am		
ed 547 11. 27. 22	·	·
	representative of a member	

Filing Fee: \$25.00