## LD800005683

(Re	equestor's Name)	
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## **COVER LETTER**

	gistration Sec ision of Corp			
CID TECT.	Sampson Bo	xing, LLC		
SUBJECT:	· ·	Name of Limi	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Nathan Lewkowicz		
			Name of Person	
			<b>Гіпп/Сотрапу</b>	
		58 East Mall Drive		
			Address	
		Melville NY 117474		2918
		nlewkow1@gmail.com	City/State and Zip Code	7: H 25
		E-mail address: (	to be used for future annual report notificati	on) Con
For further i	nformation co	ncerning this matter, please ca	all:	E STEEL OF THE STE
Nathan Lew			201 913 3843 at ()	<u> </u>
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sampson Boxing, LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records. ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number H08000013175	Company were filed on January 16, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET AD)	DRESS)	·
Enter new mailing address, if applicable:		TO SE TI
(Mailing address MAY BE A POST OFFICE BOX)		SSE -
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registe	City	гір Соае

If Changing Registered Agent, Signature of New 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
MGR	Clifford Boodram	633 South Andrews Avenue, 500	Add
		Fort Lauderdale, FL 33301	Remove
			Change
AMBR	Clifford Boodram	633 South Andrews Avenue, 500	
		Fort Lauderdale, FL 33301	■ Remove
			☐ Change
	***************************************		Add
			Remove  CARCA PARAMETER  CARCA PARAMETER
			STATE PREMOVE
			☐ Change
	<del></del>		Add
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ffective date, if other than the c	date of filing:		(opt	ional)		
an effective date is listed, the date must lote: If the date inserted in this blocoument's effective date on the Dep	ck does not meet the applic	able statutory fili	nore than 90 days aften grequirements, the	er filing.) Pu is date wil	rsuant to 6 I not be l	605.020 isted a:
e record specifies a delayed The 90th day after the reco	effective date, but no ord is filed.	ot an effective	time, at 12:01	a.m. on	the ear	rli <b>er</b> o
March 29	2018	1				
		/ <sub>/2</sub> .	) .	2		
		- ////// -	a a bild	-		
	Signature of a member or with	orized representative	of a member			
Sampson Lewkowicz	Signature of a member of auth	ofized representative	e of a member		<u></u>	

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Filing Fee: \$25.00