

108000057053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

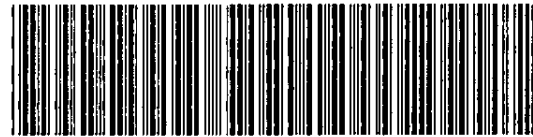
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FEB 11 2011

EXAMINER



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02/10/11--01033--010 \*\*25.00

FILED  
11 FEB 10 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAMS NEW DEVELOPMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY SAMS

Name of Person

SAMS NEW DEVELOPMENT LLC

Firm/Company

2510 BAILEY RD

Address

MULBERRY FL 33860

City/State and Zip Code

LARRY@SAMSNEWDEVELOPMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANITA SAMS

Name of Person

at ( 863 )

944-2716

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

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

**SAMS NEW DEVELOPMENT 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 06/10/08 and assigned  
Florida document number L08000057053.

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)

712 E ALSOBROOK ST

STE 7

PLANT CITY FL 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
**11 FEB 10 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

New Registered Office Address:

Enter Florida street address

Florida

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

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

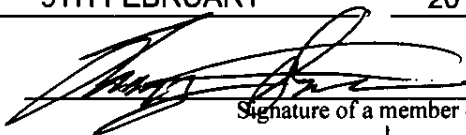
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|--------------|--|--|
| VP           | ROBERT JONES | 1032 BRIARWOOD DR<br>WAUCHULA FL 33873 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| VP           | ANITA SAMS   | 2510 BAILEY RD<br>MULBERRY FL 363860   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | ANITA SAMS   | 2510 BAILEY RD<br>MULBERRY FL 33860    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9TH FEBRUARY 2011



Signature of a member or authorized representative of a member

Lanny Sams  
Typed or printed name of signee