## L09000016713

(Re	equestor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

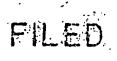
TO: Registration Se Division of Cor			
CUB INCO	SAMOSET,	LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	DAVID F	EISHMAN	
		Name of Person	
	SAMOSET	, uc	
		Firm/Company	
	7538	AMDEN HARBOUL	DA.
	BLADENTO	U, FLA 34212	
	FRISHMAN	City/State and Zip Code  CTAM PABAY, RR. C	.oM
	E-mail address: (1	to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please co	dl:	
DAVID Name o	FUSHMAN FPerson	at ( <u>94(</u> ) <u>5/8-9</u> Area Code Daytime T	107
Enclosed is a check for the	ne following amount:		_
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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



SAMOSE	T, UC		IMAR−I ≠	
(Name of the Limited I	iability Company as it now lorida Limited Liability Com			
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Community of the Limited Liabilification of the Lindblad Community of the		on 2/18/	09	_ and assign <del>e</del> d
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability compa	ny here:		
The new name must be distinguishable and contain the words	"Limited Liability Company.	"the designation "L1.	.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	n 753 DDRESS) BC	B CANDE	N HARI	BOUR DR.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	SAME A	S ABOVS	
B. If amending the registered agent and/or registered agent and/or the new registered office	**	ss on our record	ds, <u>enter the</u>	name of the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:	7538 (	AH DEN H er Florida street addre	HARBOUA ess	<u>or</u>
	BRADENT	<i>≫</i>	lorida	34212
~	City	<del></del>	<del></del>	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

01 10110.00				
MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name		Address	Type of Action
MGR	JUAN	CASA DEVAUS	3723 59TO AVE. C.E.	
			ELIENTON: 4 34212	Remove
				Change

MOIL	JUAN USAVEVALLY	3167 JT AVE. C.E.	Add
		ELLENTON; FL 34212	Remove
			Change
MCX	KELRY FRISHHAN	7538 CAMDEN HARBOUR	DA. Add
		BRADENAN, R 34212	□ Remove
			Change
			Add
			🗆 Remove
			Change
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			Change
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	<del></del>		
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	<del></del>
(If an e Note:	tive date, if other than the date of filing:  2/24/19 (optional)  Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3):  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 2/24/19
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00