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K. SALY
EXAMINER
MAR 7 - 2013

COVER LETTER

TO: **Registration Section**
      Division of Corporations

SUBJECT: **SAMM Properties 3, LLC**

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:

Matthew R. McKinney

Name of Person

Firm/Company

1785 Edgewood Avenue S.

Address

Jacksonville,FL 32205

City/State and Zip Code

marvinbus@gmail.com

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

For further information concerning this matter, please call:

Matthew McKinney

Name of Person

at (**904**) **302-2210**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ■$30.00 Filing Fee &   ☐$55.00 Filing Fee &   ☐$60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                       (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SAMM Properties 3, 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 **Nov. 25, 2009** and assigned Florida document number **L09000113355** .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

InstaSure, LLC

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)

1785 Edgewood Avenue S.

Jacksonville, Fl 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1785 Edgewood Avenue S.

Jacksonville, Fl 32205

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: **Matthew R. McKinney**

New Registered Office Address: **1785 Edgewood Avenue S.**

Enter Florida street address

Jacksonville , **Florida** 32205

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.

X _____

If Changing Registered Agent, **Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marvin McKinney	105 Vedra Landing Ct. Ponte Vedra Beach,FL 32082	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

Dated ____ 2-28-2013 ____ . _____ .

X Matt R Mihh

_____
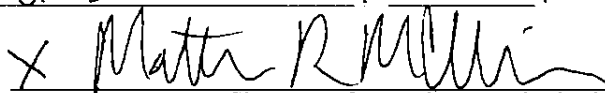Signature of a member or authorized representative of a member

MAtthew R. McKinney, MGRM

_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00