

# LD9000113362

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300199822373

03/31/11--01016--023 \*\*60.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 31 PM 05

C. LEWIS

APR 1 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Samm Properties 2, 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

Matthew McKinney, LLC  
Firm/Company

1428 San Mateo Ave  
Address

Jacksonville, FL 32207  
City/State and Zip Code

gutbox@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McKinney at 904, 864-6289  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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

FILED

2011 MAR 31 PM 05

SAMM Properties 2, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Nov 25, 2009 and assigned  
Florida document number EO9000113362.

This amendment is submitted to amend the following:

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

Matthew McKinney, 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)

1428 SAN MATEO AVE.  
JACKSONVILLE, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1428 SAN MATEO AVE.  
JACKSONVILLE, FL 32207

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:

1428 SAN MATEO AVE.

Enter Florida street address

JACKSONVILLE  
City

Florida

32207  
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.

Matthew R. McKinney

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

Title	Name	Address	Type of Action
MGRM Pres	Matthew McKinney	1428 SW NATO Ave JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARVIN McKinney	1760 Skidmore Ave JACKSONVILLE, FL 32207	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<del>MGR</del>	<del>MATTHEW McKinney</del> (Disregard)	<del>625 W. SOFT SPRING RD JACKSONVILLE, FL 32207</del>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated

3/28/2011  
March 28

2011

Matthew R. McKinney

Signature of a member or authorized representative of a member

Matthew R. McKinney

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 31 PM 05

FILED