L10000109791

(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:				

A. LUNT

NOV - 5 2010

EXAMINER

Office Use Only



200186639122

11/02/10--01002--012 **25.00





TO: Registration Section
Division of Corporations

SUBJECT:		erprise Services, LLC.		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Kenneth L. Sampson		
		Name of Person		
		Firm/Company	201 TALI	
	14	22 Hidden Oaks Bends	2010 NOY -4 SEGRETARY (ALLAHASSEE	
	· · · · · · · · · · · · · · · · · · ·	Address	ARY SSEE	
	S	aint Cloud, FL 34771		IJ
		City/State and Zip Code	TATA	J
	Sa E-mail address: (impsonllc@gmail.com to be used for future annual report notificat	ion)	
For further information	concerning this matter, please of	call:		
		at ()		
Name	of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for t	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

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

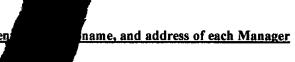


Sampson	Enterprise Services	, LLC.	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe da Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabilit		October 21, 2010 and assigned	
Florida document number <u>L10000109791</u>	 ,		
This amendment is submitted to amend the following	î:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."		pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	SS E	
Enter new mailing address, if applicable:		STATE CORIES	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name of the new	
Name of New Registered Agent:		······································	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Regist	ered 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, entor Managing Member being added or removed from our records:



MGR = Manager MGRM = Managing Member

Little	Name	Address	Type of Action
MGRM	James Frank Sampson	430 Missouri Ave.	✓ Add
	·	Saint Cloud, FL 34769	Remove
			
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add Remove
			Add
			Remove
			201 0
			Remove
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		⊇≥ Remove
- va .			
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	ssary.)
	•		
			
Dated	DETORNE 28, O	1 0.15	
Dated	1/	<u> </u>	
	Condition	JA 10-28-1	0
		ber of authorized representative of a member Kenneth L. Sampson	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00