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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	SAMMA E	NTERPRISES, LLC		
SUBJECT:		Name of Limi	ited Liability Company	- ,
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	.•
Please return	i all correspo	ndence concerning this matter	to the following:	
		KARINA VAGUEZ		•
		SAMMA ENTERPRISES	Name of Person B, LLC	 ර
		4887 NW 116 AV	Firm/Company	
		DORAL, FL 33178	Address	
		KARINAVAGUEZ@GMA	City/State and Zip Code IL.COM	
For further is	nformation c	E-mail address: () oncerning this matter, please ca	to be used for future annual report noti all:	fication1
KARINA V	AGUEZ		786 325-8047	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	on

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	oany were filed on 11/02/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Jability Company," the designation "LLC" o	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	5)	<u><u></u> <u><u></u> <u> </u></u></u>
Enter new mailing address, if applicable:	4887 NW 116 Av	
Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	enter the name of th
New Registered Office Address;	Enter Florida street address	
	Flori	da
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1400	SAMMA ENTERPRISES, LTD	C/O ZVI RAFILOVICH	
MGR			
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		327 PLANTATION, FL 33324	■ Remove
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	09/07/2018
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	SEPTEMBER/12 2018
	$\mathcal{K} \sim 11$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00