L11000048978

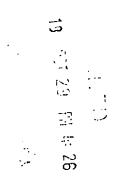
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

Division of Corp	porations		
SAMUEL C	GARCIA SERVICES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	SAMUEL GARCIA		
		Name of Person	
	SAMUEL GARCIA SERV	ICES, LLC	
		Firm/Company	
	7054 20TH ST		
		Address	
	ZEPHYRHILLS, FL 33540)	
		City/State and Zip Code	
	Theresa@tsommers.com		
	E-mail address: (1	o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	ıll:	
Theresa Sommers		813 788-3369 at ()	
Name of	Person	at () Area Code Daytime T	Celephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

SAMUEL GARCIA SERVICES, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company will Florida document number <u>L11000098978</u> .	were filed on 4/25/2011	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	· .	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		79
		-1) 24-
Enter new mailing address, if applicable:		E 21
(Mailing address MAY BE A POST OFFICE BOX)		
Thuming diddies man in 1923 to 1916 to 1900		
B. If amending the registered agent and/or registered office address here:		ie 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 Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am fan vovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Garcia	7054 20TH ST	
			∃ Add
		ZEPHYRHILLS, FL 33540	
			Remove
			Change
			☐ Remove
			☐ Change
			خ ت
			Add
			Remove
			192
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			L Kelilove
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			Remove
			E 0
			Change

		
		
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ective date, if other than the	date of filing:	(optional)
n effective date is listed, the date mus	t be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.02 ling requirements, this date will not be listed
cument's effective date on the D		ing requirements, the time will not be instead
record specifies a delayed The 90th day after the rec	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier

ted October 18	, 2018	
()	91	
- X2 - 2 - 1 - 1 /	Signature of a member or authorized representati	

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