L11000 074810

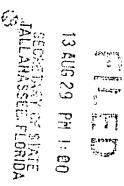
(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	•
		:

Office Use Only



200250998522

08/29/13--01010--004 **25.00



COVER LETTER

TO:

Registration Section **Division of Corporations**

EGO SAM, 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:

SERGIO A. MACAGNO

Name of Person

EGO SAM, LLC

Firm/Company

18201 Collins Ave., Apt. 4208

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

macagnosa@hotmail.com

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

For further information concerning this matter, please call:

Sergio Macagno

at (F16) FCC - 732 P 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, Fre 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

	City		Zip Coo	de
		, Florida		
New Registered Office Address:	Enter Flori	ida street addres	s	
Novy Designand Office Address				
Name of New Registered Agent:				
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the</u>	name	of the n
		1		
		0.00 0.00 0.00	 O	2 mark
Mailing address MAY BE A POST OFFICE BOX)		-12 h	32	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		(1) 144 (1111) (1111)		2 K §
		35	229	tuere. Es
		French (17)	<u> </u>	क् राहरत <u>क</u> ्रिक्क
Principal office address MUST BE A STREET ADD	RESS)			h- v-d 07
Enter new principal offices address, if applicable:		Mr.		
L.L.C.				
The new name must be distinguishable and end with the wo 'L.L.C."	ords "Limited Liability Company," the	designation "LLC	" or the	abbrevia
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:			
This amendment is submitted to amend the following:				
Florida document number L11000079810	 .			
The Articles of Organization for this Limited Liability C	Company were filed on 7/12/2011		and a	ssigned
(A Poliua	Elithed Elability Company)			
(A Florida	y Company as it now appears on our Limited Liability Company)	records.		

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.

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

Title -	<u>Name</u>	Address Type of Action
MGRM	SERGIO A. MACAGNO	18201 COLLINS AVE., #4208
		SUNNY ISLES BEACH, FL 33160 Remove
MGR	SERGIO A. MACAGNO	18201 COLLINS AVE., #4208 Add
		SUNNY ISLES BEACH, FL 33160 Remove
MGRM	DANIELA M. GIL DE MACAGNO	18201 COLLINS AVE., #4208
		SUNNY ISLES BEACH, FL 33160 Remove
MGR	DANIELA GIL	18201 COLLINS AVE., #4208
		SUNNY ISLES BEACH, FL 33460 Remove
		- Control of Add
		Remove
		Add
		Remove

, 8 . ,	tion, enter change(s) here: (Attach additional sheets, if necessary.
<u></u>	
August 22	2013
	<i>P</i> .
	nature of a member or authorized representative of a member
SERGIO A. MA	.CAGNO ^r
	Typed or printed name of signee
-	Page 3 of 3

Filing Fee: \$25.00

13 AUG 29 PM 1: 80 SEUSCITATION DI SINTE JALLAHASSELL FLORIDI