

Division of Corporations

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L110000117751

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Fax Number : (850) 617-6383

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Fax Number : (323) 962-3889

L. SELLERS**DEC 16 2011****EXAMINER**

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAM WEST FLORIDA REALTY, LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Natalja Karniouchina
DATE	12/14/2011 5:19:33 PM PST
RE	Sam West Florida Realty, llc

COVER MESSAGE

Natalja Karniouchina
Legal Document Preparation Specialist
nkarniouchina@legalzoom.com
www.legalzoom.com | 101 N. Brand Blvd., 10th Floor, Glendale, CA 91203

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Sent: Wednesday, December 14, 2011 4:14 PM
To: Natalja Karniouchina
Subject:

DEC-09-2011(FRI) 11:10

Healthcare America Pod 4

(FAX) 941 752 2740

P: 002/004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAM WEST FLORIDA REALTY, 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:

Barbara Dang

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang

(Name of Person)

at (323) 962-8600

(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

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TALLAHASSEE, FLORIDA

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Healthcare America Rod A

(FAX) 941-752-2740

P. 003/004

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAM WEST FLORIDA REALTY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/14/2011 and assigned
Florida document number L11000117751.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

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 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)

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P. 004/004

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:

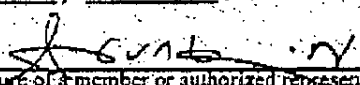
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Suguna R. Kona	7592 CONSERVATION CT SARASOTA, FL 34241	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 11 - 23 - , 2011


Signature of a member or authorized representative of a member

ARUNA NARASIMMAN

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00