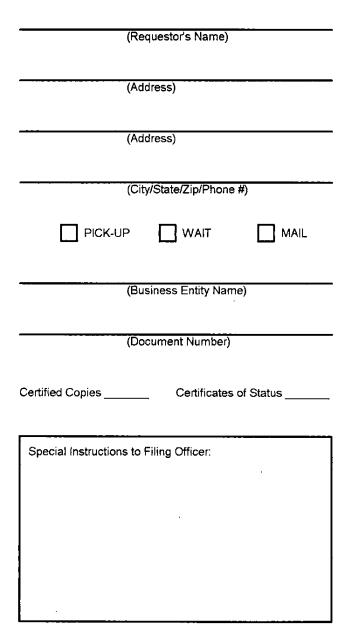
## #/ 13000041906







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K. SALY EXAMINER

APR 1 2013

## **COVER LETTER**

| TO: Registration Se<br>Division of Co |  |  |   |
|---------------------------------------|--|--|---|
| SUBJECT:                              | SAMSM San                                  | ruices, LLC  |   |
| -                                     | Name of Limit                              | ted Liability Company  |   |
| The enclosed Articles of              | Amendment and fee(s) are sub               | emitted for filing.  |   |
| Please return all correspo            | ondence concerning this matter             | to the following:  | ,   |
|                                       | DARRY                                      | L SOOKOONSING!   | 4 ·   |
|                                       | ·  | Name of Person   |   |
|                                       |  | Firm/Company   | 72.7.10   |
|                                       | 9757 TR                                    | ANQUILITY LAKE C   | IRCLE   |
|                                       |  |  |   |
|                                       |  | Verview FL 335<br>City/State and Zip Code                          | 5   6   |
|                                       |  | 16 Eyohoo · Com o be used for future annual report notificati      |   |
|                                       | E-mail address: (t                         | o be used for future annual report notificati                      | ion)  |
| For further information of            | concerning this matter, please co          | ali:   |   |
| Darryl Soo                            | koonsingl                                  | at (8/3 ) 8/7-9/3<br>Area Code & Daytime Te                        | 3 3   |
| Name o                                | f Person                                   | Area Code & Daytime Te   | elephone Number   |
| Enclosed is a check for the           | he 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

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

|    | FH    | -Et | ). |    |
|----|-------|-----|----|----|
| 13 | MR 29 | PM  | 3: | 34 |

| · · · · · · · · · · · · · · · · · · ·   | M SERVICES,                                    | 1 Millian State                               |
|---|--|---|
| (Name of the Limited Liability Co.<br>(A Florida Limi   | mpany as it now appears ted Liability Company) | on our records.)                              |
|   |  |   |
| The Articles of Organization for this Limited Liability Comp  | pany were filed on Electr                      | ovic MARCH 26 2013 and assigned               |
| Florida document number <u>L 13000541906</u> .  |  |   |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited  | liability company here:                        |   |
| T3 MANAGEM  | MENT CERVICES                                  | LLC   |
| The new name must be distinguishable and end with the words "L.L.C."  | Limited Liability Company                      | "," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   | N/A  |   |
| (Principal office address MUST BE A STREET ADDRESS  | <u></u>  |   |
|   |  |   |
| Enter new mailing address, if applicable:   | <u> </u>                                       |   |
| (Mailing address M.4Y BE A POST OFFICE BOX)   | <del></del>                                    |   |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address |  | r records, enter the name of the new          |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
| -   | Ente   | r Florida street address                      |
|   |  | , Florida                                     |
|   | City   | , Florida<br>Zip Code                         |
| New Registered Agent's Signature, if changing Registered Ag   | jent:  |   |

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, 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>                         | Name ' | Address | Type of Action |
| <u> </u>                             | ·      |         | Add            |
|                                      |        |         | Remove         |
|                                      |        |         | _              |
|                                      |        |         | Add            |
|                                      |        |         | Remove         |
|                                      |        |         | <del></del>    |
|                                      |        |         | Add            |
|                                      |        |         | Remove         |
|                                      |        |         |                |
|                                      |        |         | _              |
|                                      |        |         | Remove         |
|                                      |        |         | _              |
|                                      |        |         | Add            |
|                                      |        |         | Remove         |
|                                      |        |         | _              |
|                                      |        |         | Add            |
|                                      |        |         | Remove         |

| . If am | rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
|         |  |
|         |  |
|         | 1 .  |
|         |  |
|         |  |
|         |  |
| ed      | 21st MARCH 2013.   |
|         | and lill   |
|         | Signature of a member or authorized representative of a member                                 |
|         | DARRYL SOOKOONSINGH.   |
|         | Typed or printed name of signee  |
|         | Page 3 of 3  |

Filing Fee: \$25.00