U4000167611

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[ALLAHASSLE] LONDA

FEB 2 2 2019 S. YOUNG

COVER LETTER

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TO: Registration S Division of Co			
SAMPAY	O LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Dee Chopyak		
	Michael E. Leach, PA	Name of Person	
	2400 E. Commercial Blvd	Firm/Company , Suite 706	
	Fort Lauderdale, FL 3330	Address 8	
	yonitdan@gmail.com	City/State and Zip Code	
B 4 1 1 4 1		to be used for future annual report noti	fication)
Dee Chopyak	concerning this matter, please c	all: 954 351-8800 ex at()	t 3
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

SAMPAYO LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on or Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000167611</u>	were filed on 10/28/20	and assig	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L	.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			_	
Enter new mailing address, if applicable:		5-1:	- -	
(Mailing address MAY BE A POST OFFICE BOX)				
•			5	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name o	f the new	
Name of New Registered Agent:		ම්ය ම්ය 	=	
New Registered Office Address:	Enter Florida str	eat address		
	Liner Florida Sire			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	•		
I hereby accept the appointment as registered agent and agr	•	, , , , , , , , , , , , , , , , , , , ,		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Yonit Dan	45 GIDON ST.	
			B Add
		RAMAT GAN 52314 IS	
			Remove
			Change
	Oren Dan	45 GIDON ST.	<u> </u>
MGRM			□ Add
		RAMAT GAN 52314 IS	
			Remove
			Change
			U Change
			Remove
			-
			Change
			
			□ Remove
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		<u>,</u>			
		11/1/18		(option	nal)
ctive date, if other effective date is listed, or If the date inserte ament's effective da	M IN THIS DIDES OU	CO HOT BUCK OUR ALL.	.,,	(option note than 90 days after fi ng requirements, this o	ling) Purcent to 605 0
ecord specifies a ne 90th day afte	e delayed effect of the record is	ctive date, but r filed.	not an effective	time, at 12:01 a.i	n, on the earlier
November	1	2018			
Χ		ure of a member or au	borized representative	e of a member	
	Signan ()	ite of a meniori of ac			
Yonit Dan	Υ	onil	nied name of signee		

Filing Fee: \$25.00