1/4000175604

(Requ	uestor's Name)	
(Addr	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doca	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400309201734

02/23/18--01014--015 **25.00

SECRETARY OF STATE
TALLAHASSEE. FLORID

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	SAMAWA	LLC		•	
Name of Limited Liability Company					_
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		SANDRA PESSOA			
			Name of Person		<u> </u>
		SAMAWA LLC			
			Firm/Company		
		2106 NE 123 ST			
		_	Address		
		NORTH MIAMI FL 3318	1		
			City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification)	
For further in	nformation co	oncerning this matter, please ca	all:		
SANDRA P	ESSOA		at 305)	456-7983	
	Name of	Person	Area Code	Daytime Telephone Num	ber
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif	Filing Fee, icate of Status & ied 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

SAMAWA LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/16/2018		and assigned
Florida document number L14000175604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	#1.5	
(Principal office address MUST BE A STREET ADDRESS)		18 TAL
Enter new mailing address, if applicable:		FE A
		8
		SE SE
		3
(Mailing address MAY BE A POST OFFICE BOX)		7: C
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
	, Florid	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REINER PESSOA	100 BAYVIEW DR APT 1701	■ Add
		SUNNY ISLES BEACH FL 33160	□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

' —	<u> </u>		
_			
_			
			i
_		<u>FEB</u>	
		- 3	;
			((
_		<u> </u>	
_	· · · · · · · · · · · · · · · · · · ·	7:23	9
		خلاب <u>ہ</u> ـــــــ	5
_			
_			
_			
Effectiv (If an effe	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.02	07 (
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	e listed	as t
docume	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ 90th day after the record is filed.	earlier	of:
	Λ		
	2 [19 , 2018]		
Dated	, <u> </u>		
Dated _			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00