## L150000008167

(Requestor's Name)				
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(Document Number)				
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SECRETARY OF STATE ORDS

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## **COVER LETTER**

Division of Corpor				
SUBJECT: SA/	ns REAL	ESTATE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	BARY O	TTO  Name of Person		
		AL ESTATE LLC Firm/Company	!	
	6100 Ho	LY WOOD BLUD	#505	
	Hollywi	City/State and Zip Code		
-	9/4/6/10 /E-mail address: (	AoL, Com to be used for future annual report notif	ication)	
For further information conc				
GARY O-	t+o erson	at (954) 257 Area Code Daytimo	7-7958 Telephone Number	- F <b>5</b>
Enclosed is a check for the f	ollowing amount:			ALG.
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of St Certificate of St Certified Copy (additional copy is	
MAILING Registratio	G ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO **ARTICLES OF ORGANIZATION**

SAMS ROAL ESTATE ILC

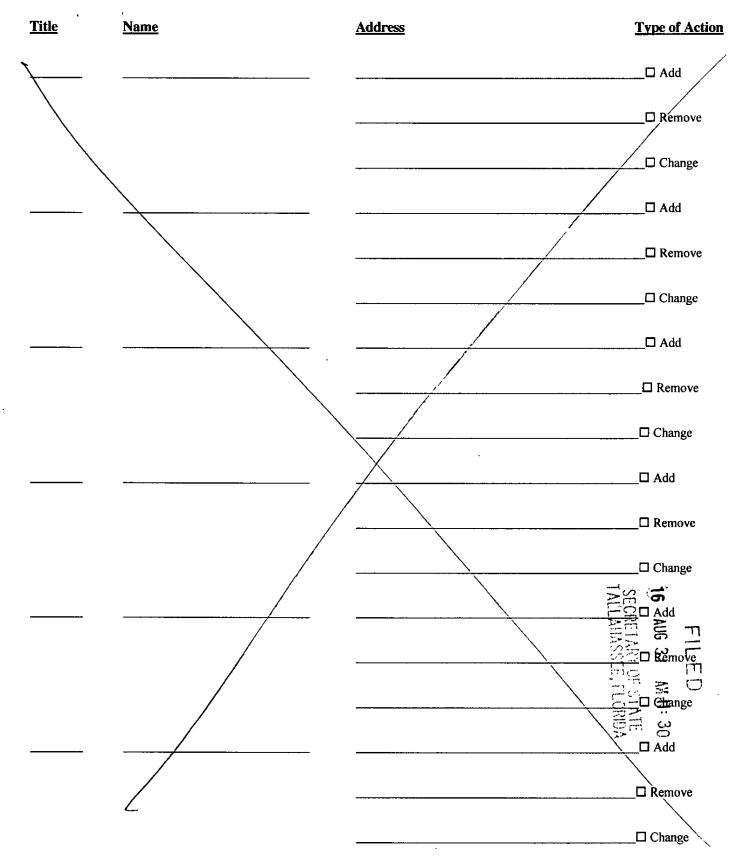
(Name of the Limited )	Liability Company as it now : Florida Limited Liability Com	appears on our records.)			
The Articles of Organization for this Limited Liabi	ility Company were filed o	· · · · · · · · · · · · · · · · · · ·	and assigned		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:					
Enter new principal offices address, if applicabl	le:				
(Principal office address MUST BE A STREET A	ADDRESS)		<del></del>		
			S 6		
Enter new mailing address, if applicable:		Carrier S	ALC S		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	(			
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>e address here</u> :	-			
Name of New Registered Agent:	ALEJAND	RO ALMIRO	DLA		
New Registered Office Address:	1934 SW	RO ALMIRO  9th STREET  ver Florida street address	-		
-	M (Am)	, Florida	33135 Zip Code		
New Registered Agent's Signature, if changing Reg	istered 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.

## or removed from our records:

MGR = Manager

AMBR = Authorized Member



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	10 30 mg/F
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier o
Dated 8/26 , 2016.	
Signature of a member or authorized represent	tative of a member
Typed or printed name of sign	S/N

Page 3 of 3

Filing Fee: \$25.00