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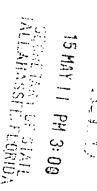
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE		GROUP LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Sergio C De Oliveira		
			Name of Person	
		SAMMAX GROUP LLC		
			Firm/Company	
		663 House Wren Cir		
			Address	
		Palm Harbor FL 34683		
			City/State and Zip Code	·····
		sergiod924@verizon.net		
		E-mail address: (to be used for future annual report notifi	cation)
For furtl	her information co	oncerning this matter, please ca	all:	
Sergio (C De Oliveira		727 743-3890 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

SAMMAX GROUP LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L15000071956	ere filed on April 23rd, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the new
Name of New Registered Agent:	3	ON THE STATE OF TH
New Registered Office Address:		19 2 70
	Enter Florida street address	3:00

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sergio C De Oliveira	663 House Wren Cir	■ Add
		Palm Harbor	☐ Remove
		Florida, 34683	Change
AMBR	Heidi A De Oliveira	663 House Wren Cir	
		Palm Harbor	_□ Remove
		Florida, 34683	Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
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Effective date, if other than	the date of filing: May 7th, 2015		(optional)
f an effective date is listed, the date Note: If the date inserted in thi	must be specific and cannot be prior to do is block does not meet the applicable	ate of filing or more than 90 day statutory filing requirement	ys after filing.) Pursuant to 605.020 ts, this date will not be listed a
document's effective date on th	ne Department of State's records.		5 M
		ee	737
ne record specifies a dela The 90th day after the	yed effective date, but not ar record is filed.	i effective time, at 12	
Dated May 7th	, 2015		3: 0 3: 0 5: AU
May 7th	do Nireuin		3: 0g
May 7th	Se Vireni	d representative of a member	3: 0g

Page 3 of 3

Filing Fee: \$25.00