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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sams Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dakota Sams Name of Person
Sams Construction LLC
Firm/Company
6600 Imperia Dr
M-14. [1 31570 5 3
City/State and Zip Code  Sams Construction 325700 gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Da Kota Sams at (850) 554-4856  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Registration Section  Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sams Con	struction	n LLC			
(Name of the Limited I			our records.)		
The Articles of Organization for this Limited Liabi Florida document number			/14/16	and assign	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L.L.G	3."
Enter new principal offices address, if applicabl	e:	6600 I	mperial	Dr 5	SÉC
(Principal office address MUST BE A STREET A		Mitton, F	L 3257	0 8	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.X)</u>	6600 I Milton,	-mperial FL 325"	D/ № 5.	OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	··/		
New Registered Office Address:	6600	Imperia	1 Dr		
-	Mil	Enter Florida s ON City	treet address, Florida _	32570 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Tective date, if other no effective date is listed, the tate inserted cument's effective date	ne date must be specific in this block does	ic and cannot be price not meet the appli	r to date of filing or n cable statutory filir	<b>(option:</b> nore than 90 days after fili ng requirements, this da	ng.) Pursuant to 605.020
record specifies a The 90th day after			ot an effective	time, at 12:01 a.n	n. on the earlier o
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Filing Fee: \$25.00