## 1160000 16742

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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· (Do	cument Number)	1
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JUL 0 6 2016 S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations		
	Samiam 20	16, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Jennifer E. Zakin, Esq.		
			Name of Person	
		Redgrave & Rosenthal LL	P	16 JUL-5 PH 4: 59
			Firm/Company	
		120 E. Palmetto Park Road	d, Suite 400	HASSEE, FLOWER
			Address	
		Boca Raton, FL 33432		. 59 *: 59
			City/State and Zip Code	
		jzakin@redgraveandrosenth	nal.com  to be used for future annual report noti	fination)
P 6 41 1			·	neation)
For further if	niormation c	oncerning this matter, please c	an;	
Jennifer E. 2			561 347-1700 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samiam 2016, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our record <u>s.</u> )	
The Articles of Organization for this Limited Li Florida document number L16000016742	ability Company	were filed on January	7 25, 2016	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	ation "LLC" or the ab	obreviation L.L.C.
Enter new principal offices address, if applicable:		1601 Forum Place, S	Suite 1101	上层
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach, F	lorida 33401	
		1601 Forum Place, Suite 1101 West Palm Beach, Florida 33401		PH 5: 00
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, enter	the name of the nev
Name of New Registered Agent:	Garry M. Glickman, Esq.			
New Registered Office Address:	1601 Forum Pla	ace, Suite 1101		
		Enter Florida s	treet address	
	West Palm Bea		, Florida	401
		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 Augistered 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>	Name	Address	Type of Action
			Add
			□ Remove
		•	
		market and the second s	Add
			□ Remove
			SECRETA 16 Change All A
			Add SS 2
			Refileve Of D
			□ Add
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
16. CAR
The state of the s
PA 5: 00
8
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated June 22, 2016.  Rochelle W College Signature of a member or authorized representative of a member.
Rachelle W. Gold
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00