

LI0000029578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

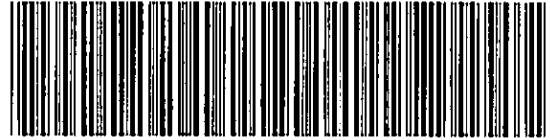
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN -2 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JAN 13 2021

T. SCHERRENER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMANTHA KAY INTERIORS 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:

SAMANTHA KOTLIK

Name of Person

SAMANTHA KOTLIK REALTOR (SAMANTHA KAY INTERIORS)

Firm/Company

3520 MINEOLA DRIVE

Address

SARASOTA, FL. 34239

City/State and Zip Code

SAMOS73@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA KOTLIK

941 447 2175

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

* See next sheet - check
already received + banked with incorrect form.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAMANTHA KAY INTERIORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/11/2016 and assigned
Florida document number L16000029578.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REALTOR
SAMANTHA KOTLIK, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3520 MINEOLA DR

SARASOTA

FL. 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3520 MINEOLA DR

SARASOTA

FL. 34239

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-20-2008 BY 60322 UCBAW

20
JUN - 20
AM 9:05
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM NOW A LICENSE REALTOR IN FLORIDA
AND MY BUSINESS WILL NOW BE FOCUSSED
ON REAL ESTATE. THE NAME "SAMANTHA KAY
INTERIORS LLC" NO LONGER REPRESENTS MY
BUSINESS.

I WOULD LIKE TO CHANGE TO
"SAMANTHA KOTLIK REALTOR PLLC" I CAN
ONLY ASSUME THAT THIS IS WHAT IS
REQUIRED AS THE LETTER ATTACHED DOES
NOT MAKE THIS CLEAR AT ALL.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DECEMBER 12TH

2019



Signature of a member or authorized representative of a member

SAMANTHA KOTLIK

Typed or printed name of signee