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TO:

Registration Section

Division of Corporations	
SUBJECT: Sammy & Gigi	Investments LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Sa	ndra Saad Name of Person
Sammy	Gigi Investments UC
	SW 127 Place Address
- Hiami	FL. 33170 City/State and Zip Code
Sansandr E-mail address: (a	a 13@ ya 100. Com o be used for filture annual report notification)
For further information concerning this matter, please ca	II:
Sandra Saad Name of Person	at (186) 306-1680 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 & ☐ \$60.00 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 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

Sammy 3 C (Name of the Unimited Liabil (A Florid	its Company as it real Limited Liability (ompany)	S LLC	·
The Articles of Organization for this Limited Liability (Florida document number _L\600051114	Company were fil 	led on <u>Marc</u>	ch 11, 2010	<u>Φ</u> and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability con	npany here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Comp.	any," the designal	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
				67
Enter new mailing address, if applicable:				· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	_		· · ·	PH 12:
				- 9 9
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address o	on our record:	s, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	•	Enter Florida stre	et address	
			, Florida	
to the transfer of the	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 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
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an effective <u>ote:</u> If th	ate, if other than date is listed, the date date inserted in the effective date on t	e must be specific a his block does no	and cannot be pri	licable statutory	g or more than 9 r filing require	(optiona 0 days after filir ments, this da	Dringstone 4. 61	05.020 sted a
record spo is filed.	cifies a delayed eff	ective date, but n	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day aft	ter the
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Filing Fee: \$25.00