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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

	Régistration Se Division of Cor				
CHD IE7		PERTIES, LLC			
SUBJEC	7T:	Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub- ondence concerning this matter t			
	•	KENNETH B. COSTELLO), ESQUIRE		
	•		Name of Person		
		BOYETTE, CUMMINS &	NAILOS, PLLC		
			Firm/Company	·*	
	1635 E. HIGHWAY 50, SUITE 300				
			Address		
		CLERMONT, FL 34711			
			City/State and Zip Code		
		AGUERNSEY@BCNLAW	FIRM.COM		
		E-mail address: (t	o be used for future annual report notif	lication)	
For furth	ner information c	concerning this matter, please co	dt:		
AMY G	UERNSEY		352 394-2103		
	Name o	of Person	at ()	e Telephone Number	
Enclosed	d is a check for t	he 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)	
	MAII.	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAMI PROPERTIES, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compan	pears on our records.) y)
he Articles of Organization for this Limited Liability Company were filed on lorida document number $\frac{1.16000220014}{1.16000220014}$.	12/05/2016 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company." t	he designation "LLC" or the abbreviation@P.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u>.</u> .
	- TE
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	94
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
	Florida
City	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIGUEL PEREZ-MARANTE	488 W. HIGHBANKS ROAD	Add
•		DEBARY, FL 32413	≡ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
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n effective date is lister	d, the date must be specific ted in this block does n	and cannot be prior	to date of filing	or more than 90 day	(optional) s after filing.) Pursu se this date will no	ant to 605.020
cument's effective d	late on the Department	of State's records.	ione statement	mig requiement	s, this date with the	or nated a
record specifies	s a delayed effectiv	e date, but no	t an effecti	ve time at 12:	·01 am on th	e earlier /
The 90th day aft	ter the record is file	ed.		te ame, at 22.	.01 01111. 077 (11	c carner .
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Filing Fee: \$25.00