## L17000261654

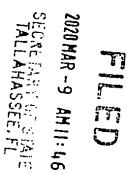
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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations	,			
	SAMPSON	R. BEAN; LLC	·	•		
SUBJECT:		Name of Lim	ited Liability Company	<del>*</del>		
SUBJECT:    SAMPSON R. BFAN; LLC     Name of Limited Liability Company						
Please return	all correspo	ndence concerning this matter	to the following:			
	Alberto Rodriguez, Esq., LL.M.					
			Name of Person			
		Dom Law, P.A.				
			Firm/Company			
		1814 N. 15th Street				
			Address			
		Tampa, Florida 33605				
		Atherto@Domlaw.com	City/State and Zip Code			
			to be used for future annual report no	otification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Alecia M. A	ndersen					
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
<b>≡</b> \$25.00 B	filing Fee		Certified Copy	Certificate of Status &		
				ection		
Div	vision of C	orporations		-		
	), Box 632 llahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAMPSOND REAN LLC

company has been notified in writing of this change.

( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liabiliflorida document number <u>L17000261654</u>	ity Company were filed on 12/26/2017	and assigned
This amendment is submitted to amend the following	ig:	
A. If amending name, enter the new name of the	limited liability company here:	ZOZO MA SECRE TALL
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	or the aboreviation L.L.G.
Enter new principal offices address, if applicable	:	SSC N
(Principal office address MUST BE A STREET A.	DDRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
	Flo	orida

If Changing Registered Agent, Signature of New 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

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>	Address	Type of Action
MGR	Christie Leigh O'Brien	235 3RD AVE. NORTH	
		Apt. 453	■Remove
		Saint Petersburg, Florida 33731	□ Change
<del>.</del>			□Add
			□Remove
			□Change
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		<u> </u>	□Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the appl	or to date of filing or mor icable statutory filing	(optional) e than 90 days after filing.) Pursur requirements, this date will no	ant to 605.0207 (3 of be listed as th
the record specifies a delayed ) The 90th day after the reco		ot an effective tir	ne, at 12:01 a.m. on th	e earlier of:
Dated February 26	2020	·		
alecia	Mders less Signature of a member or aut	horized representative o	f a member	
A1 X4				
Alecia M. Andersen		nted name of signee		

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