# 118000047472

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### **COVER LETTER**

TO: Registration So Division of Con		4	
SUBJECT: 5	ET GEZA Name of Lim	IMPROVEMEN ited Liability Company	IT LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SAMSO	Name of Person	
		Firm/Company	<u> </u>
	10826 r	-airhaven way	2
	Orlando,	FL 32825 City/State and Zip Code	
-	Geza Imp	City/State and Zip Code  ROVEMENT C GV to be used for future annual report notifi	nall. Com
For further information of	oncerning this matter, please ca	all:	
Samson Name o	SEMAYE OF Person	at (407) 307 Area Code Daytimo	- 5652 Telephone Number
Enclosed is a check for the	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)

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of CorporationsClifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S T GEZA (Name of the Limited Liability Co) (A Florida Limi	TMPROVEMENT mpany as it now appears on our records.)	LLC
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>1800047472</u>	_ 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
	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 adaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this decument 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 Agen

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member	,			
<u>Title</u>	<u>Name</u>		Address	Type of Ac	<u>tion</u>
AMBR	SAMSON	TSEHAYE	10826 Fairhaven way	□∕\dd	
			Orlando, FL 32825	Remove	;
				Change.	
AMBR			INES 4008 AMRON DR	B Add	
	BOKUREZ	10 N	ORLANDO, FL 32822	Remove	;
				Change.	,
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ffective date, if other than the date of filing:  In effective date, if other than the date of filing:  In 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) ofte:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the comment's effective date on the Department of State's records.  If the 90th day after the record is filed.  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member of a me	emaing unj	other information, enter change(s) here: (Attach additional sheets, if necessary.	•,	
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Filing Fee: \$25.00