## 118000064424

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Demonstration)
(Document Number)
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## **COVER LETTER**

TO:		istration Sec sion of Corp			
CUDIC		Sam's Maint	enance Services L.L.C		
SUBJE	CI;		Name of Lim	ited Liability Company	·
The end	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
			dence concerning this matter	_	
			Kian George	•	
				Name of Person	
			Sam's Maintenance Service	es L.L C	
				Firm/Company	<del></del>
			243 whisperig pines way		
				Address	
			Davenport FI 33837		
			SamService@yahoo.com	City/State and Zip Code	
			E-mail address: (1	to be used for future annual report	notification)
For furt	her in:	formation co	ncerning this matter, please ca	all:	
Cosmas	Aller	ı		407 362-8176 at()	
_		Name of	Person	Area Code Da	ytime Telephone Number
Enclose	d is a	check for the	following amount:		
<b>■</b> \$25	.00 Fi	ling 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(Name of the Limit	d Liability Compar A Florida Limited L	ny as it now appears on our records.) lability Company)			
he Articles of Organization for this Limited Li lorida document number L18000064424	ability Company	were filed on MARCH 12 2018	and	assigne	:d
his amendment is submitted to amend the follo	owing:				
a. If amending name, enter the new name o	f the limited liab	ility company here:			
he new name must be distinguishable and contain the v			the abbreviation	n "L.L.C	
	763 Tuscan Hills Blvd	11.1	8		
nter new principal offices address, if applic		Davenport Fl 33897	4.70	101	
(Principal office address MUST BE A STREET ADDRESS)		•	7/2		~ #4
					T
Enter new mailing address, if applicable:		243 whispering pines way	·- ;	_;= _;=-	
		Davenport Fl 33837		:J	
Mailing address MAY BE A POST OFFICE	<u> </u>		<u>_69</u>		
3. If amending the registered agent, and egistered agent and/or the new registered of	l/or registered office address her	office address on our records, re:	enter the na	ime of	<u>the</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A	Enter Florida street address			
		. Flor			
			7/10	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. Thereby 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>	<u>Name</u>	Address	Type of Action
AMBR	Cosmas Augustus Allen	763 Tuscan Hills Blvd. Davenport Pl 33837	
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			☐ Remove
			Change
			—————————————————————————————————————
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				<del></del>
ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be prior to date to does not meet the applicable s	e of filing or more than 90 days a statutory filing requirements.	this date will not b	to 605.0207 e listed as
record specifies a delayed e The 90th day after the record		effective time, at 12:0	$01$ a.m. on the $\epsilon$	arlier o
ted October 22	2018			
	1//			

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Typed or printed name of signee

Filing Fee: \$25.00