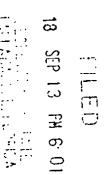
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COVER LETTER

Division of Co	rporations		
	SAM, LLC	٠	
льдет. <u></u>	Name of Lim	ited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
cust return an corresp	Sonn Sam	to the following.	
	Sam and Sam. LLC	Name of Person	
	5031 Palmetto Park Driv	Firm/Company /e,	
	Winter Garden FL 34787	Address	
	sonnsam@gmail.com	City/State and Zip Code	
or further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ilication)
onn Sam		401 368-5055	
Name o	of Person	at ()	ne Telephone Number
nclosed is a check for t	the following amount:		
9 \$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)
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sam and Sam, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on April 16, 2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	6
The new name must be distinguishable and contain the words "Li	in a Linkilla Community of Linkilla and Linkilla	7 (7),
Enter new principal offices address, if applicable:	imited Liability Company. The designation (LL	C or the nonevianted 1.1.1.
(Principal office address MUST BE A STREET ADL	DRESS)	20
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ls, enter the name of the no
registered agent and/or the new registered office ad	ich ess here.	
Name of New Registered Agent:		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	C . C	
	Enter Florida street addre	(4)
		lorida
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Sonn Sam	5031 Palmetto Park Drive Winter Garden, FL 34787	Add
			□ Remove
			Change
AMBR	Daisy Sam	5031 Palmetto Park Drive Winter Garden, FL 34787	
			☐ Remove
			Change
DR	Sonn Sam	5031 Palmetto Park Drive Winter Garden, FL 34787	- 500 O Add F
			Remove 1
			E Change
DR	Daisy Sam	5031 Palmetto Park Drive Winter Garden, FL 34787	□ Ādd
			■ Remove
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	.		
			☐ Remove
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			Add
			☐ Remove
			☐ Change

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ective date, if other than the date of filing: (optional) 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 60 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.						Ø	
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Signeture of a more or authorized representative of a member							
		Signature of	rmorn er or author	nzeu representativ	: or a memoer		

Page 3 of 3

Filing Fee: \$25.00