L18000121219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)
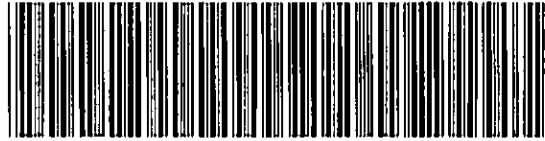
(Document Number)

Certified Copies _____ Certificates of Status _____

2/5/21

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2021 FEB -5 AM 8:12

2021 FEB -0 AM 7: 12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2021

SAMIA T ELBANA
SAMSOOMATI, LLC
12351 NW 6TH ST
PLANTATION, FL 33325

SUBJECT: SAMSOOMATI, LLC
Ref. Number: L18000121219

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

TO MAKE ANY CHANGES, YOU MUST USE THE ARTICLES OF AMENDMENT WHICH ARE ATTACHED. PLEASE COMPLETE AND RESUBMIT. THE FORMS YOU HAVE USED ARE INCORRECT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II   Letter Number: 821A00000251

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: Samsoomati, LLC
_____
        Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samia Elbana
_____
                    Name of Person

Samsoomati, LLC
_____
                    Firm/Company

12351 NW 6th St
_____
                    Address

Plantation, FL 33325
_____
                City/State and Zip Code

samiaelbana0503@gmail.com
_____
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samia Elbana   954   937-8532
_____ at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                    Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Samsoomati, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 15, 2018 _____ and assigned

Florida document number L18000121219 _____ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12351 NW 6th St

Plantation FL, 33325

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12351 NW 6th St

Plantation, FL 33325

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: _____

<u>New Registered Office Address</u>: _____
Enter Florida street address

_____, **Florida** _____
City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Samia T. Elbana	12351 NW 6th St Plantation, Fl 33325	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change