118000/28512

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SUBJE	3 4 34 84	The Samples	•			
30001				ited Liability Company	-	
The en-	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	dence concerning this matter	to the following:		
			Rebekah Samples			
				Name of Person		
				Firm/Company		
			7 Priory Lane			
				Address		
			Palm Coast, FL 32164			
			reampbell8585@gmail.com	City/State and Zip Code		
			E-mail address: (to be used for future annual	report notification)	
For fur	ther in	formation cor	ncerning this matter, please ca	all:		
Rebek	ah San	iples		at ()	37-3792	
-		Name of I	Person	Area Code	Daytime Telephor	ae Number
Enclos	ed is a	check for the	following amount:			
\$2.	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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

The Samples Group 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 $\frac{5/22/2018}{}$ and assigned Florida document number <u>L18000128512</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> Fitle</u>	Name	Address	Type of Action
MGR	Robert H Samples	7 Priory Lane Palm Coast, FL 32164	
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(b) Ti	ne 90th day aft	ter the record is fi	iiea.					
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