18000153380

(Req	uestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	_





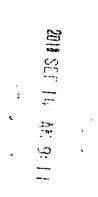
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T. CLINE

SEP 18 2018

EXAMINER



COVER LETTER **

TO:	Registration Sec Division of Cor		\ear	
SUBJI	SAM B RE	ALTY	·	
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fce(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Samantha Bagdasarian		
			Name of Person	
		SAM B REALTY		
			Firm/Company	
		7249 Heaven Lane		
			Address	
		Fort Myers / Florida 339	08	9
		samantha@gulfpointepro	City/State and Zip Code	938
			to be used for future annual report notifica	- —
For fur	ther information co	oncerning this matter, please ca	all:	,
Richa	rd Bagdasarian		239 [·] 200-3143	: * !
	Name of	Person	Area Code Daytime To	elephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAM B REALTY		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000153380	Company were filed on June 22nd 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SAMANTHA BAGDASARIAN LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		b*
		* Dr. 75
Enter new mailing address, if applicable:		.0
(Mailing address MAY BE A POST OFFICE BOX)		<u>: -</u>
3. If amending the registered agent and/or regi		the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter i fortut sireti waaress	
	, Florida	Zip Code
	City	zip Coae

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>	Address	Type of Action
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ffective date, if other an effective date is listed, the	than the date of fi	iling:	to date of filing or mon	(optio	nal) iling) Pursua	nt to 605 0
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e record specifies a The 90th day after	delayed effective the record is file	ve date, but not ed.	t an effective tin	ne, at 12:01 a.	.m. on the	e earlier
September 5th		2018	·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00