## L18000/75983

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Little)
(Document Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor				
SamFam, L	LC			
SOBJECT.	Name of Lim	ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tammy Marie Sammons			
	SamFam, LLC	Name of Person		<b></b>
		Firm/Company		
	17301 Evelyn Court	,		選合二
		Address		ب ن ک
	Spring Hill, FL 34610			: > پ
	tmssammons@gmail.com	City/State and Zip Code		90
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Tammy Marie Sammons	·	727 534-7073		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &

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

SamFam, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
the Articles of Organization for this Limited Liability Company were filed	on July 23, 2018 and assigned
lorida document number L18000175983	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "L.L.C." 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)	<del></del>
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:  Name of New Registered Agent:	ress on our records, enter the name of the
New Registered Office Address:	nter Florida street address
	, Florida
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>	Address	Type of Action
MGR	James C. Sammons, Jr.	17301 Evelyn Court Spring Hill, FL 34610	Add
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an effec	tive date is li	ted, the date in	ne date of fili oust be specific a	ind cannot be p	rior to date of	filing or more	than 90 days a	otional) fler filing.)	Pursuant t	to 605.020
ote: II	f the date in nt's effectiv	erted in this date on the	block does not Department of	t meet the ap f State's reco	plicable statt rds.	itory filing r	equirements,	this date v	vill not b	e listed a
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00