L18000214710

(Requesto	or's Name)
(Address)	
(Address)	·····
(City/State	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



800319385768



10/16/18--01003--001

♦♦25,00

2018 CCT 15 AH 9: 45

M. MILLIGAN
OCT 2 0 2018

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	SAMKAR	INVESTMENTS LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Juan Alberto Suarez		
			Name of Person	
		Soar Realty Corp		
			Firm/Company	
		1500 NW 89 Ct Suite 116		
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		jasuarez@resoar.com		
		E-mail address; (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	all:	
Juan Albert	o Suarez		786 663-3237	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 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

SAMKAR INVESTMENTS LLC		23
(Name of the Limited Liab (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r 10, 2018 and assigned on
The Articles of Organization for this Limited Liability	Company were filed on September	r 10, 2018 and assigned on
Florida document number L18000214710		第
This amendment is submitted to amend the following:		の一番の一番の一番の一番の一番の一番の一番の一番の一番の一番の一番の一番の一番の
A. If amending name, enter the new name of the lin	mited liability company here:	ه ۱۹ وکړ
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-184
(Principal office address MUST BE A STREET ADD	ORESS)	
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	istered office address on our odress here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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>	<u>Address</u>	Type of Action
Mr.	Samuel Rodriguez	1500 NW 89 Ct Suite 116	_ ■ Add
		Doral, FL 33172	Add
			□ Remove
			Change
			Add
		-	Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			□ Change
			Add
			□ Remove
			□ Change
		 	□ Remove
			☐ Change

Samuel Rodriguez	Signature of a member or	authorized represent		3 mm ()
				6.35 8.35
October 5th	2018			
cord specifies a delayed e 90th day after the rec	l effective date, bu ord is filed.	t not an effectiv	ve time, at 12:01 a.r	n. on the earlie
nent's effective date on the De	epartment of State's rec	ords.		
tive date, if other than the flective date is listed, the date must If the date inserted in this bloom	ock does not meet the a	pplicable statutory	option or more than 90 days after fil filing requirements, this d	al) ling.) Pursuant to 605 late will not be liste
				
				
			<u></u>	
······		· · ·		
	<u>.</u> .			

Page 3 of 3

Filing Fee: \$25.00