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(Requestor's N	ame)
(Address)	
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(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Entit	ry Name)
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CK 3/6/2022

COVER LETTER

TO: Registration S Division of Co			
ZURI SPO SUBJECT:	ORTS GEAR, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Julian Charles		
		Name of Person	
		Firm/Company	
	68 Landau Street		
		Address	
	Boynton Beach , FL 33426		
	City/State and Zip Code JCCHARLES@OUTLOOK.COM		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	utl:	
Julian Charles		561 843-4278 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount: 435	p o	
□ \$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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZURI SPORTS GEAR, LLC

	bility Company as it now appears on our records.) rida Limited Liability Company)	2022 644 31	PH 1: 35
	October 8, 2018		
The Articles of Organization for this Limited Liability	y Company were filed on October 4, 2010.	and assigned	ું કે
Florida document number L18000237340	 ·	* * ** *	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
Saman Tree, LLC			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		· · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
 			
B. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:		of the new registered	
Vision Providence Address			
New Registered Office Address:	Enter Florida street address		
	, Florida		
-	Cuy.	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my duties, and I am fa d agent as provided for in Chapter 605, F.S. Or, i ered office address, I hereby confirm that the lim	miliar with and f this document is	
	If Changing Registered Agent, Signature of New Regi	stered 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
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			□Change
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If an effective date Note: If the dat	if other than the dr is listed, the date must be inserted in this block tive date on the Depr	e specific and ea c does not mee	unnot be prior et the applica	able statutory	or more than 90 filing requiren	days after filing.) tents, this date	Pursuant to 605.020 will not be listed a
e record specifie rd is filed.	a delayed effective o	ate, but not an	effective ti	me, at 12:01 a	.m. on the earl	ier of: (b) The	90th day after the
			2022				
Dated May 26th				Γ.			
Dated May 26th		- Tw	7	1			
Dated May 26th		<u> </u>	mber or autho	rized represent	ative of a memb	er	

Filing Fee: \$25.00