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SECRETARY of JIMTE TALLAHASSEELFLORIO/

COVER LETTER

Division of Co	•		
	Banning Sams LLC	e e e e e e e e e e e e e e e e e e e	
UBJECT:	Name of Lir	nited Liability Company	
		·····	
he enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
lease return all corresp	ondence concerning this matte	r to the following:	
	Kenneth B. Sams		
		Name of Person	
		Firm/Company	
	4905 Blackfoot Ct.		
		Address	
	Virginia Beach, Va. 2346	2	
	Kensam7701@gmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report noti-	fication)
or further information of	oncerning this matter, please o	all:	
Kenneth B. Sams		540 6799026	
Name c	f Person	at () Area Code Daytime	e Telephone Number
nclosed is a check for t	ne 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 enclose

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

Le north Jams LLC		
Vennoth Jams LLC		
(Name of the Limited Liability Company : (A Florida Limited Liab	as it now appears on our records.) offity Company)	1
e Articles of Organization for this Limited Liability Company we L1900019721 orida document number	ere filed on	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability	y company here:	-
e new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
ater new principal offices address, if applicable:		LEC 20 A
rincipal office address MUST BE A STREET ADDRESS)		R 28
-		
eter new mailing address, if applicable:		081 1831 1831 1841
ailing address MAY BE A POST OFFICE BOX)		
-		
If amending the registered agent and/or registered office addent and/or the new registered office address here:	lress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	City	itaa 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
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		ALLAHASSE TORIS	Change
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Filing Fee: \$25.00