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(Re	equestor's Name)	- ·
(Ad	ldress)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

Division of Cor		2	
SUBJECT:	Sam Fire Name of Limit	UNCIAN SON ed Liability Company	1.Cl.S
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Shy(Mame of Person	
		Firm/Company	
	4747 1	5th Avy Sou	th
	St. Peter	Shug # 3 City/State and Zip Code	337
	E-mail address: (to	LSAMS & GAT o be used for future annual report notif	(COY)
For further information c	oncerning this matter, please ca	II:	
Shyla Name o	Sams of Person	at (<u>101</u>) <u>143</u> Area Code Daytim	-4383 c Telephone Number
Enclosed is a check for the	he following amount:		
25.00 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 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

Sams Finar	rcial Services	1		
(Name of the Limited Liability Compa (A Florida Limited L	liability Company)	_		
The Articles of Organization for this Limited Liability Company Florida document number <u>L/90000940</u> .44	were filed on <u>April 8</u>	, 20	_and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	runtion	or the abbr	reviation "L.L.C."	,
Enter new principal offices address, if applicable:	3110 15t A	Ve 1	V #	, <u>2</u> _
(Principal office address MUST BE A STREET ADDRESS)	St. Petersbi	'Ng	, FL 3	37/3 37/3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Petersbu	Ave	, S.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name	2021	gistered
Name of New Registered Agent:		<u> </u>	HAR	
New Registered Office Address:	Enter Florida street address	SEE FLO	8 1	
	, Flor	rid 🖺	Oto Code	
			- r -	

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			Change All Add.
			S & & A Remove.
			THE Remove
			□Remove
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Effective date, if other than the date of filing:	(optional)		
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement	iys after filing.) Pu nts, this date wil	irsuant to 6 Il not be l	isted a
document's effective date on the Department of State's records.			
	e (1) (T) (1)	6.1 1	.
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie rd is filed.	r of: (b) The 9	oin day a	ner inc
Dated March 12, 2021.			
Signature of a member or authorized representative of a member	 		