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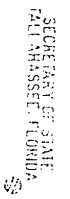
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Samantha M	denezes Instructional Designer		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Samantha Menezes		
			Name of Person	
		Samantha Menezes Instruc	tional Designer	
		7552 Tamarind Ave		
			Address	
		Tampa, FL 33625		
			City/State and Zip Code	
		sam,w.menezes@gmail.con		
		E-mail address; (i	to be used for future annual report noti	fication)
For further in	iformation co	oncerning this matter, please ca	ill:	
Samantha M	enezes		727 744-7871	
	Name of	l Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 P.O. Box 6527 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lial (A Flor		ny as it now appears on our re liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number L19000117473 This amendment is submitted to amend the following	y Company			_ and assign	ed
A. If amending name, enter the new name of the li	imited liabi	ility company here:			
Samantha Menezes Instructional Designs, LLC					
The new name must be distinguishable and contain the words "I	imited Liabil	ity Company," the designation	"LLC" or the abbres	viation "L.L.C	••
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7853 Gunn Hwy			
		#336			
		Tampa, FL 33626		•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7853 Gunn Hwy #336 Tampa, FL 33626			
B. If amending the registered agent and/or registered agent and/or the new registered office as		2:	ords, <u>enter the</u>	: name of	the new
Nume of New Negistered Agent.					
New Registered Office Address: 790)1 4th St N S	Enter Florida street a		SE T	3
Si.	Petersburg		Florida _ ³³⁷⁰²	AHAS AHAS	n
New Registered Agent's Signature, if changing Registe	ered Agent:	City	,	Zig Giple	
I hereby accept the appointment as registered ages 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 registe company has been notified in writing of this change	l complete l agent as p ered office	performance of my dutie provided for in Chapter 6	s, and I am fam 605, F.S. Or _s sif	iliär with a his doc un e	nd

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			Add
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			Change
			□ Remove
			Change

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Effective date, if other than the d	ate of filing:		(optional)	<u>-</u> Σω
Effective date, if other than the date in effective date is listed, the date must b Note: If the date inserted in this bloc	e specific and cannot be prior to k does not meet the applicat	date of filing or more than	90 days after filing.) Pur	รเล็ก to 669 .020 ทิศีเ be โรเ ed as
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he record specifies a delayed e The 90th day after the recor	effective date, but not die	an effective time, a	at 12:01 a.m. on 1	the earlier o
·			O.R.	H: OB
Dated	. 2019	_ ·	m B	ે જે
CMA (140 414 4				
<u>SMinigla</u>	gnature of a member or author	zed representative of a me	ember	
Samantha Menezes				
	Typed or printed	name of signee		

Page 3 of 3

Filing Fee: \$25.00