## L19000185628

(Requestor's Name)	
(Address)	100334752441
(Address)  (City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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Amend

OCT 1 4 2019
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## **COVER LETTER**

TO:

Registration Section

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations
SUBJECT: Samole Consulting Services, LLC Name of Limited Liability Jompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bridgette Welller Name of Person
Samoye Consulting Services LC
2582 Maguire Road +301
City/State and Zip Code  Samour (DN 5ulting Camail COM  E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
Poriologithe Walker at 400 662-9665  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)  S60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 5064 18, 2019 and assigned Florida document number L 19000184628 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 Title **Name** Type of Action AMBR Bridgette Walker 7634 Country Run Thuy and Octando FL 32318 Remove

		From Prysident to AMBR	Change
UP	Celegha McCloud	7634 Country Then Plu	¥ □ Add
		Oplando FL 31818	
			🗆 Change
MGB	Celestin Vierce	2532 Maguire Road	
		Occes, 6234961	II Remove
			🗆 Change
SEL	Elbert H. Walley	2034 Cashty Ruen Thuy	□ Add
		Ollando, FL 32315	_ E Remove
			Change
			Add
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E. Effectiv	re date, if other than the date of filing:
<u>Note:</u> 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
Dated _	•
	B 11 1 1 1 10 10 1 1
	Dui Litt Wolker Signature of a member or authorized representative of a member  Topical Gette Walker  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00