

h19 000189228

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(Address)

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21 OCT -11 PM 2:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAMASTE 1616, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Hernaez
Name of Person

SP WORX, LLC
Firm/Company

117 5TH AVE N
Address

ST PETERSBURG FL 33701
City/State and Zip Code

eric@hernaez.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Hernaez at (**203**) **543-9969**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NAMASTE 1616, LLC

21 OCT -4 PM 2:55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 23, 2019 and assigned
Florida document number L19000189228.

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 "L.L.C."

Enter new principal offices address, if applicable:

1211 1ST AVE N., STE 202

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG FL 33705

Enter new mailing address, if applicable:

1211 1ST AVE N., STE 202

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG FL 33705

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:

SP WORX, LLC

New Registered Office Address:

117 5th AVE N.

Enter Florida street address

ST PETERSBURG

Florida 33701

City

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.


MGR, SP WORX, LLC
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

21 OCT -4 PM 2:55

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FREDERIC SAMSON	3020 49TH ST N	<input type="checkbox"/> Add
		ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NAMASTE HOMES, LLC	3020 49TH ST N	<input type="checkbox"/> Add
		ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SP WORX, LLC	117 6TH AVE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARDENT OZF, LLC	117 6TH AVE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 OCT -4 PM 2:55

E. Effective date, if other than the date of filing: SEPT 24, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

09/29

2021

Signature of a member or authorized representative of a member

Frederic Samson

Typed or printed name of signee