L19000194518

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R. WHITE AUG 27 2019

COVER LETTER

// ID		mily Investments, LLC		
SUBJEC	.1:	Name of Limit	ted Liability Company	
			•	
The encl	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter t	to the following:	
		Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Daytime Telephone Number Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy Certificate Of Status & Certified Copy		
			Name of Person	
		Sammich Family Investment	nts, LLC	
			Firm/Company	
		9611 N US HWY 1 #299		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Sebastian FL 32958		
		lori@genericse.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	her information c	oncerning this matter, please ca	all:	
Lori Ke				Talashara Number
	Name o	f Person	Area Code Daynme	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

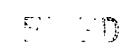
TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2019 AM 19 AM 10: 24

SAMMICH FAMILY INVESMENTS, LLC

(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 Com	pany were filed on <u>7/30/201</u>	9 and assigned
Florida document number L19000194518		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company bere:	
Sammich Family Investments, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Tributing Bear Co. Nat. 1 De 11 2 De 1		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	records, <u>carer dio mane or mone.</u>
New Registered Office Address:	Enter Florida si	reet address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and commaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my o nt as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is
i	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
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			□ Add
	 	Remove	
			Change
			Add
			☐ Remove
			☐ Change

			<u> </u>	
				
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Effective date, if other th	an the date of filing:		(optional)	
Note: If the date inserted in	date must be specific and cannot be this block does not meet the a in the Department of State's re-	applicable statutory filing	re than 90 days after filing.) Pursuar requirements, this date will not	nt to 605.0201 t be listed as
e record specifies a d The 90th day after th	elayed effective date, but ne record is filed.	ut not an effective ti	me, at 12:01 a.m. on the	earlier o
Dated 8:14-19	Signature of a member of	1*		
n/1.		or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00