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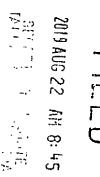
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	gistration Sec ision of Corp			
SHRIFCT.	Samanda's F			
SUBJECT.	-	Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Samuel Tabachnick		
			Name of Person	
			Firm/Company	<u> </u>
		11065 Gatewood Dr unit C	C-101	
			Address	
		Lakewood Ranch, FL 3421	<b>!</b> 1	
			City/State and Zip Code	
		sam@bluecrestagency.com		· <del></del> -
n 6 1 1.	C		to be used for future annual report notifi	cation)
ror iurther ii	ntormation co	oncerning this matter, please ca		
Samuel Taba	achnick		941 208-0222 at ( )	
	Name of	Person	at ()	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing 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)

MAILING ADDRESS:

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

Samanda's Plans 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 Company were filed on  $\frac{08/15/2019}{}$ and assigned Florida document number 1.19000206032 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) 11065 Gatewood Dr Enter new mailing address, if applicable: Unit C-104 (Mailing address MAY BE A POST OFFICE BOX) Lakewood Ranch, FL 34211 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samuel Tabachnick	11065 Gatewood Dr Unit C-101 Lakewood Ranch, FL 34211	i ⊟ Add
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te: If the date	f other than the dat s listed, the date must be inserted in this block tive date on the Depar	does not meet the a	pplicable statutory fil	more than 90 days after ing requirements, this	onal) r filing.) Pursuant to 605.02 s date will not be listed
	tifies a delayed ef y after the record		t not an effective	time, at 12:01	a.m. on the earlier
ed	100	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00