

L19000271848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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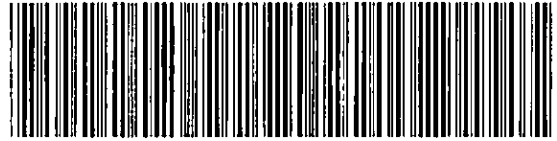
(Business Entity Name)

(Document Number)

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2024 OCT 23 PM 1:11  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Samant Digital Solutions 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:

Carlos Felipe Gomez Amador

\_\_\_\_\_  
Name of Person

Samant Digital Solutions LLC

\_\_\_\_\_  
Firm/Company

16251 Golf Cub Rd Apt 112

\_\_\_\_\_  
Address

Weston/Florida 33326

\_\_\_\_\_  
City/State and Zip Code

carlos.gomez@samantdigital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Felipe Gomez Amador

561 4314161  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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**

Samant Digital Solutions LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 10/30/2019 and assigned a  
Florida document number 119000271848.

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:

(Principal office address MUST BE A STREET ADDRESS)

16251 Golf Club Rd Apt 112

Weston/Florida 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16251 Golf Club Rd Apt 112

Weston/Florida 33326

**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:

16251 Golf Club Rd Apt 112

*Enter Florida street address*

Weston

*City*

Florida

33326

*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.*

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Carlos Felipe Gomez Amador	16251 251 Golf Club Rd Apt 112	<input type="checkbox"/> Add
		Weston/FL, 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Sandra Milena Gonzalez Linares	16251 Golf Club Rd Apt 112	<input type="checkbox"/> Add
		Weston/FL, 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Alvaro Idrobo Wiswell	16251 Golf Club Rd Apt 112	<input checked="" type="checkbox"/> Add
		Weston/FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SR	Andres Gonzalez	460 NW 20TH ST Apt 110	<input type="checkbox"/> Add
		Boca Raton/FL, 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MS	Adriana Amador	460 NW 20Th ST Apt 110	<input type="checkbox"/> Add
		Boca Raton/FL, 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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 10/15/2024 18:00

Signature of a member or authorized representative of a member

CARLOS FELIPE GOMEZ AMAIOR

Typed or printed name of signee