

L19000272932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: SAMSARA 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:

DIANA RODRIGUEZ OROZCO
Name of Person
SAMSARA LLC
Firm/Company
10690 SW 24TH STREEET
Address
MIAMI, FL 33165
City/State and Zip Code
diana.rodriguez.orozco@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA RODRIGUEZ OROZCO at (01152) 55-19521173
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**

SAMSARA LLC

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

2020 10 21 3:53

The Articles of Organization for this Limited Liability Company were filed on 11/14/2019 and assigned
Florida document number L19000272932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

66 WEST FLAGLER STREET

STE 900-2278

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

RICHARD HERNANDEZ PERERA

New Registered Office Address:

237 SW 13TH STREET APT 109

Enter Florida street address

MIAMI

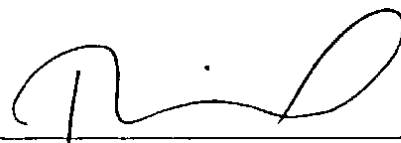
City

, Florida 33130

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 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>
AMBR	DIANA RODRIGUEZ OROZCO	BOSQUE DE CAPULINES 36	<input type="checkbox"/> Add
		COL BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" type="checkbox"/> Change
AMBR	IRENE OROZCO CARBAJAL	BOSQUE DE CAPULINES 36	<input type="checkbox"/> Add
		COL BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

AUTHORIZE MEMBERS PARTICIPATION AND DISTRIBUTION

AMR- DIANA RODRIGUEZ OROZCO 50%

2020 10 06 15:53

AMBR- IRENE OROZCO CARBAJAL 50%

E. Effective date, if other than the date of filing: _____ (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 (

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

October, 6, 2020

Signature of a member or authorized representative of a member

DIANA RODRIGUEZ OROZCO

Typed or printed name of signee