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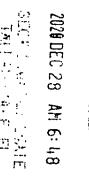
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Special Instructions to Filing Officer:	
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CHANAONS

FEB 1 1 2021

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	SAMPER	VACATION nited Liability Company	HOMES LLC
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Je	innifer Samper	
		Name of Person	
		Firm/Company	
	4149	U 22. A SA	
		V 22nd St Address	
	Ċ C	F) 33040	
	Lownut Cr	eer FL 33060 City/State and Zip Code	
		•	Yahoo. (om
	E-mail address: (ennifer Samper O	tification)
For further information co	oncerning this matter, please c	all:	
Jennifer	Samper	.5() . 72	a ₋ 79711
Name of	Person	at (561) 72. Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
Z \$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 S		Street Address: Registration Se	ection
Division of Co P.O. Box 632		Division of Co.	rporations
Tallahassee, F		The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

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

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

	1950		- 015E	
The Articles of Organization for this Limited L	iability Company were filed o	in Decision	201	and assigned
Florida document number	7167			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of				
SAMPER PRO	PERTY GE	2009	LLC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company."	the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE A	BOX)			
-		-		
B. If amending the registered agent and/or re	egistered office address on o	ur records, <u>e</u>	nter the na	me of the new registered
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Jenniter 4149 NW	Samp	Q.Y	
New Registered Office Address:	4149 NW	22 nd	St	
-	Enter	r filorida street a	ddress	
	Coconut Creek	<u>-</u>	Florida	33066
	City			Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered	l agent and agree to act in t	his capacity.	I further as	ree to comply with the

rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and reept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>conved</u>	from our records:	anage, enter the title, name, and address of each	person being ac
$MGR = M_0$ $AMBR = A_0$	anager uthorized Member	down tomas tomas	
<u>Title</u>	Name	Address EC 28 AM 6: 48	Type of Action
MGR	Jennifer Samper	MING NIM SSELETE ST	🗆 Add
		Coconut Creek FL, 33066	2 Remove
			□Change
MBR	Jennifer Samper	4149 NW 22nd St	2 Add
		Coconut Creek FL 33066	□Remove
			Change
			□Add
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□Remove

□Change

ZOZB DEC 28 AM 6: 48 SLOW-LINE STATE TA' LINE SECTION
SLOP-LAN STATE TATLAN RECEDENCE
TA' Livin Metal of

Filing Fee: \$25.00