L20000090844

(Requestor's Name)
(Address)
(Address)
(risdress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellity Harle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ling Officer.

Office Use Only



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June 22, 2023

SAM BELL S A MULE LLC 4185 E 16TH SQ VERO BEACH, FL 32967 US

SUBJECT: S A MULE LLC Ref. Number: L20000090844

We have received your document for S A MULE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 623A00014107

COVER LETTER

то:	Registration S Division of Co			
SUBJE	ECT:	2 P. R	NOW LLC	
		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please (return all correspo	ondence concerning this matter	to the following:	
		Sam	Name of Person	
		SA	Pirm/Company	
		4189	S €. (6 ¹ th s	2
		<u>VERC</u>	City/State and Zip Code	.32967
		E-mail address: (to be used for future annual report no	Ottoo, Co M
For furt	her information c	oncerning this matter, please c	all:	<u>्</u> र
	Sur	24	at(772) 32	1-1179
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$25	5.00 Filing Fec	\$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 Addres		Street Address: Registration S	Section
Registration Section Division of Corporations			Division of C	
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAM	451	(0			
(Name of the Limited Li (A Fi	iability Company Iorida Limited Liab	as it now appears on oility Company)	our records.)	 -	
The Articles of Organization for this Limited Liabili		ere filed on	427,202	20 and assigned	ď
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabilit	y company here:		1 9: 55 1 9: 55	
The new name must be distinguishable and contain the words "	"Limited Liability	Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	_	4185 UGA FL	E 1617 3CH 3C96	^k SP 1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 _	11EB	SZ EAITZ	@ YOHOO!	<u>Co</u> r
B. If amending the registered agent and/or registence and/or the new registered office address her	tered office add re:	ress on our record	s, enter the nan	ne of the new reg	istered
Name of New Registered Agent: New Registered Office Address:	SA ALF DEGO F	Enter Florida str	eet address, Florida	32967 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, Thereby sonfirm 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 **Type of Action** Address Title Name _____ □Add 12. Sexand Bear 4185 = 16 M SQ _____ DAdd _ 🗆 Add Remove .--□Add ____ Change □Remove _____ □Change _____ □Remove

_____ □Change

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ffective date, if other than the da an effective date is listed, the date must be	te of filing:	(optional)	
ote: If the date inserted in this block	does not meet the applicable statuto	ory filing requirements, this date w	ill not be listed a
ocument's effective date on the Depar	rtment of State's records.		
record specifies a delayed effective da	ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) 1 he	90th day after the
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ated <u>Ju</u>	2023. Lean D. Bel mature of a member or authorized repres	entative of a member	

Filing Fee: \$25.00