120000292138

| . (F | Requestor's Name) | |
|------------------------|-------------------------|--------|
| (F | Address) | |
| (F | Address) | |
| (0 | Dity/State/Zip/Phone #) | |
| PICK-UP | MAIT | MAIL |
| (E | Business Entity Name) | |
| (0 | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions t | o Filing Officer: | |
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Office Use Only



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A. BUTLER FEB - 5 2022

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
|--|--|---|---|
| | NVESTMENTS LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ROSHAN RAMDEEN | | |
| | | Name of Person | |
| | SAMSID ENTERPRISES | LLC | |
| | | Firm/Company | |
| | 525 BASSEIT DRIVE | | |
| | | Address | |
| | KISSIMMEE, FL 34758 | | |
| | | City/State and Zip Code | |
| | ramdeensounds@aol.com | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information | concerning this matter, please co | all: | |
| ROSHAN RAMDEEN | | 917 856-4048 at () | |
| Name (| of Person | Area Code Daytime Telephone N | 'umber |
| Enclosed is a check for t | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) Cel | 0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Section | |
| Division of (| Corporations | Division of Corporations | |
| P.O. Box 63 | | The Centre of Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, St | anc 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAMSID INVESTMENTS LLC | | () . | 1. |
|---|--|-------------------------|-----------------------|
| (Name of the Limited L. | iability Company as it now appear lorida Limited Liability Company) | s on our records.) | |
| | | | $$ \ddot{r} . |
| he Articles of Organization for this Limited Liabil | ity Company were filed on $\frac{17}{2}$ | -SEP-2020 * * * * * | and assigned |
| orida document number 1.20000292138 | | | |
| is amendment is submitted to amend the following | ng: | | |
| . If amending name, <u>enter the new name of the</u> | limited liability company he | ere: | |
| AMSID ENTERPRISES LLC | | | |
| he new name must be distinguishable and contain the words | "Limited Liability Company," the d | esignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | | |
| • • | | · | |
| <u>Principal office address MUST BE A STREET A</u> | DDRESS) | | |
| | | | |
| | | | |
| Inter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BO | X) | | |
| | <u> </u> | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| N 16 dia 4b | tunad affine address on our n | aaauda antau tha n | uma of the new yagist |
| If amending the registered agent and/or regis gent and/or the new registered office address had | | ecords, enter the ii | ame of the new regist |
| gent and of the new registered office address no | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | rida street address | |
| | | . Florida | |
| | City | r ivi tua | 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 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> | Type of Action |
|--------------|-------------------|---------------------|----------------|
| AMBR | ROSHAN RAMDEEN | 525 BASSEUT DRIVE | ■Add |
| | | KISSIMMEE, FL 34758 | □Remove |
| | | | □Change |
| MGR | MGR REENA RAMDEEN | 525 BASSETT DRIVE | ■Add |
| | | KISSIMMEE, FL 34758 | □Remove |
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| Effecti | ive date, if other than the date of filing: |
| If an eff Note: | ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | ent's effective date on the Department of State's records. |
| | |
| e record rd is fil | d 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 |
| ra is iii | ed. |
| | H2+ 21st January. 2022. |
| Datad | LOCK. |
| Dated | |
| Dated | $\mathcal{N}\mathcal{O}$ |
| Dated _. | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00