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2022 HAY 19 AM 11: 1

COVER LETTER

	tion Section of Corporations						
	4 FS LLC						
SUBJECT:	SUBJECT:Name of Limited Liability Company						
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.						
	orrespondence concerning this matter to the following:						
	MUSHTAQ SORATHIA						
	Name of Person						
	SAM FS LLC						
Firm/Company							
	4303 Saltmarsh Sparrow Dr						
	Address						
	Windermere, FL 34786						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For further inform	nation concerning this matter, please call:						
MUSHTAQ SOF	at ()						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a che	ck for the following amount:						
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
Regist Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, 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

FILED

SAM FS LLC

2022 MAY 19 AM 11: 1.7

(A Florid	da Limited Liability Company	')	FEORE DARY OF STATE
	- a	n3/19/2021	TALLAHASSEE. FL
The Articles of Organization for this Limited Liability	Company were filed on _	-	and assigned
Florida document number 1.21000131342	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	e designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	ed office address on our	r records, ente	r the name of the new registered
agent and/or the new registered office address here		records, ente	Title hand we the title a comment
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street addr	ess
		, F	loridaZip Code
	City		Zip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance agent as provided for it vred office address, I het	of my duties, o n Chapter 605	and I am familiar with and 5. F.S. Or, if this document is

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>	Address	Type of Action
	<u> </u>	NO CHANGE	🗀 Add
			🗀 Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change

Typed or printed name of signee