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| (R | equestor's Name) | |
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| (A | ddress) | |
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| (C | ity/State/Zip/Phone # | P) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Sama trading U.S.A LC Nume 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: |
| ABDallah Ghanim Name of Person |
| Sama trading U.S.A. LLC Firm/Company |
| 4617 spotts wood Dr. |
| Orlando, FL, 32812 City/State and Zip Code |
| ABDallahama a Yahoo. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ABDAllah Shanim at (407) 800 - 1563 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$60.00 Filing |
| Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sama + | rading | U.S.A | LLC | | | |
|---|-------------------|---|----------------------------------|----------------|----------|-------------|
| (Name of the Limiter | d Liability Comp | any as it now appears Liability Company) | on our records.) | | | |
| The Articles of Organization for this Limited Lia | | were filed on | ily and i | and: | assigno | d |
| Florida document number <u>L210003053</u> | 794 | | | | | |
| This amendment is submitted to amend the follo- | wing: | | | | | |
| A. If amending name, enter the new name of | the limited lial | oility company her | <u>e</u> : | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liab | ility Company," the des | ignation "LLC" or th | e abbreviation | "L.L.C." | |
| Enter new principal offices address, if applica | ble: | | | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | | | |
| | | | | | 2821 | |
| Enter new mailing address, if applicable: | | | | | <u> </u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE B | <u>80X)</u> | | | <u> </u> | . 12 | 1 |
| | | | | 1112 | PH | <u> </u> |
| B. If amending the registered agent and/or re agent and/or the new registered office address | •• | address on our rec | cords, <u>enter the r</u> | ame of the | new res | zistered |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | Enter Florid | la street address | | | |
| | | | , Florida | | | |
| | | City | | Zip Co | de | |

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 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> | Name | Address | Type of Action |
|--------------|-----------------|---|---------------------|
| MS R | ABDallah Ghanim | 9617 Spotts wood's De or lanco Fl. 32812 | □Add |
| | | | Remove |
| | | | MChange |
| AMBIZ | ABDallah Ghanim | 4617 Spotis WOODS Dr orlando FL, 32812 | S Add |
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| ective date, if other than the date of f effective date is listed, the date must be specifi e: If the date inserted in this block does i | ic and cannot be prior | r to date of filing o | more than 90 days i | ifter filing.) Pursua | nt to 605.02 |
| ument's effective date on the Department | | | ing requirements, | tills date will be | t oc nated |
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| cord specifies a delayed effective date, but filed. | t not an effective t | ime, at 12:01 a.r | n. on the earlier of | (b) The 90th | day after t |
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| ed 07/08/21 | | | | | |
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| Signature | of a momber or auth | orized programment | ive of a member | | |
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Filing Fee: \$25.00



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