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O SIMMONS APR 0 1 2022

COVER LETTER

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TO:

· ·	ration Sect on of Corpo			
SURJECT:	Bak	by Sam Enterprise Name of Lim	es LLC	
		Name of Lim	ited Liability Company	
The enclosed Ar	rticles of A	mendment and fee(s) are sub	mitted for filing.	
		dence concerning this matter	•	
			Michael E. Samuel	/ ₅
			Name of Person	<u></u>
			W (2)	
			Firm/Company	
			Address	
		Apopka, i	Florida 32703 City/State and Zip Code	
			City/State and Zip Code	
		mirta766	330 g mail. Cem to be used for future annual report noti	<u> </u>
For further infor	rmation con	cerning this matter, please c		ncation)
				200
	Name of P	Person	at (407) 9/0-39 Area Code Daytim	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filin	ng Fee	S30.00 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)
	g Address: tration Se	ction	Street Address: Registration Sec	ction
			_	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION.,,,

Baby	Sam Enterprises Temas 1
(<u>Name of the Limited Liabil</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company) SEURE (17)
The Articles of Organization for this Limited Liability (Company were filed on <u>January</u> 1.3, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	DRESS)
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regis</u>
general state and the state an	
Name of New Registered Agent:	
New Registered Office Address:	
registered Office (tadiess).	Enter Florida street address
	Florida

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Michael E Samuels	1653 Pickard Cincle Apople, Fl 32703	⊠Add
			□Remove
			Change
MGR_	Mirla Samuels	1653 Pickard Circle Apopka, Fl. 32703	⁄ ☑ Add
			□Remove
			Change
			Remove
			
			Remove
			□ Change
		 	□Add
			□ Remove
			□ Change
			
			Remove
			□Change

). II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
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_	
	
_	
(If an effect Note: 1	e date, if other than the date of filing:
the record	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 d.
Dated _	March 14th 2022
	Signature of a member or authorized representative of a member
	Michael E. Samuels Typed or printed name of signee