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(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phone #)	
PICK-UP		MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
	Office Use Only	

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01/04/22--01 11--005 **75.00



O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations

9949 THREE LAKES CIR LLC

SUBJECT:

Name 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:

Thomas De Sernia

Name of Person

Firm/Company

21526 Sweetwater Lane S

Address

Boca Raton FL 33428

City/State and Zip Code

tom@sama-labs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Thomas De Sernia
 561
 702.3460

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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 ED OF

2022 MAR - 4 PH 6: 38

9949 THREE LAKES CIR LLC	SED ADM OF STATE
(<u>Name of the Limited</u> (A	SEC
	ility Company were filed on 02.11.2022 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address h	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

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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.

City

Zip Code

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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Thomas De Sernia	21526 Sweetwater Lane S	🗆 Add
		Boca Raton FL 33428	Remove
			□Change
AMBR TDS Management Capital Holding:	TDS Management Capital Holding:	21526 Sweetwater Lane S	and the second s
		Boca Raton FL 33428	
			□Change
			🖸 Add
			🗆 Remove
			🗅 Change
			⊡Add
			Change
			□ Add
			🗍 Remove
			□Change
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		<u></u>	.

If 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 record is filed.

February 28 Dated		2022	
		Dehernon	

Signature of a member or authorized representative of a member

Thomas De Sernia

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Typed or printed name of signee

Filing Fee: \$25.00