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PICK-UP	WAIT	MAIL
	(Business Entity Name	
	(Submitted Line)	,
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Division of Corpo				
SUBJECT: SAMA	Name of Limited L	SC TR	LLC	······································
The enclosed Articles of Ar	mendment and fee(s) are submitte	d for filing.		
Please return all correspond	dence concerning this matter to the	e following:		
	SAMMIE D	UBOSE Name of Person	DR	<del></del>
,		Firm/Company		<del> </del>
	2609 ML	Address		<del></del>
	Pensacola	FL 32 y/State and Zip Code	50.3	
		used for future annual repo	ort notification)	
For further information con	cerning this matter, please call:			
SAMMED Name of F	Person	at (SSO) 48	B3-210 Daytime Telephor	S5 ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section

Division of Corporations
P.O. Box 6327

Tallahassee, 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

2022 HAR 23 AM 9: 25 The Articles of Organization for this Limited Liability Company were filed on \_and assigned Florida document number 122000192 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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>	Name	Address	Type of Action
g <u>nger</u>	SAMME DUBOSE JR	2609 MLK DR PONSACO19, FL 32	2503 □Add
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Note: If the da	e, if other than the date of filing:	605.0207 ( listed as t
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated	Mar. 23 , 2022.  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00