んえんしじしょりりもる日

(Req	uestor's Name)			
(Add	lress)	<u> </u>		
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(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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LCC N/C Amend

07/20/22--01010--019 **25.00



A. RAMSEY SEP 27 2022

COVER-LETTER

	Registration Section Division of Corporations					
Sar	mi Miam	iLLC				
SUBJECT:			ited Liability Company			
		Name of Lim	ned Liability Company			
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspo	ndence concerning this matter	to the following:			
		Sam Lagrange				
		-	Name of Person			
			Firm/Company			
		9106 sw 22nd st Unit A				
			Address			
		Boca Raton florida 33428				
		slagrange18@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	otification)		
For further infor	mation c	oncerning this matter, please ca	ill:			
Sam Lagrange		•	954 2986843			
	at () Name of Personat () Daytime Telephone Number		me Telephone Number			
Enclosed is a ch	eck for th	ne following amount:				
■ \$25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	g Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Sami Miami LLC

company has been notified in writing of this change.

2022 JUL 20 PM 12 37

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company L22000291824 Florida document number	y were filed on March 9th 201	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Sami Looks LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9106 sw 22nd st unit A Boc	ca Raton FL 33428
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	9106 sw 22nd st unit A Boc	ra Raton FL 33428
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	P - 17 - 1	.,
	Enter Florida street address	
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag		I further waree to comply w.

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

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
		· · · ·	□Remove
			☐ Change
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			□Remove
			□Change

Typed or printed name of signee