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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SamAdamz	Designz LLC		
SUBJECT:		ted Liability Company	
	Tight of Sim	, , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	·		
	Samantha Young		
		Name of Person	
		Firm/Company	
	18807 Victor Manuel Dr		
		Address	
	1 El 22510		
	Lutz. FL 33548		
		City/State and Zip Code	
	samadanisdesign7@gmail.co	om to be used for future annual report noti	lication)
For further information c	oncerning this matter, please or	ıll:	
Samantha Young		907 231-1980	
Name o	CPerson	at ()	e Telephone Number
Enclosed is a check for the			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mailing Addres	··	Street Address:	
Registration S		Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

No Check

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SamAdamz Designz LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	····
The Articles of Organization for this Limited Liability	y Company were filed on 07/06/2022	and assigned
Florida document number L22000301080	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the !	imited liability company here:	
		22
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.Q25
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
	<u></u>	<u> </u>
		- (2) :
Enter new mailing address, if applicable:		85.5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		of the new registered
	_	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florida	
	City	Zip Code

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
MGR	Samantha Young	18807 Victor Manuel Dr. Lurz, FL 33548	
			L: Change
		·	□ Add
			□Remove
			☐ Change
	•		□Add
			□Remove
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ective date, if other than th	e date of filing:		(optional)	
fective date, if other than the neffective date is listed, the date mater. If the date inserted in this becoment's effective date on the I	lock does not meet the ap	oplicable statutory filing	re than 90 days after (iling.) Purs requirements, this date will i	uant to 605.020 not be listed a
cord specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.m. o	i the earlier of: (b) The 90i	h day after the
Jime 14 ted	2024			
- 2	1	authorized reprocenjative o		

Filing Fee: \$25.00

Typed or printed name of signee

COVER LETTER

SUBJECT:	Number of the	nited Liability Company	
	Name of Lin	itted Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	-	
	Samaniha Vanara		
	Samantha Young		
		Name of Person	
		Firm/Company	
	18807 Victor Manuel Dr		
		Address	
	Lutz. FL 33548		
		City/State and Zip Code	
	samadamsdesign7@gmail.c		
		to be used for future annual report noti-	fication)
For further information c	concerning this matter, please c	all:	
Samantha Young		907 231-1980 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

No Check 310/21/24 S1

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SamAdamiz Designz LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears imited Liability Company)	on our records,)
The Articles of Organization for this Limited Liability Co Florida document number L22000301080	mpany were filed on 07/00	6/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	<u>e</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our rec	ords, enter the name of the new registere
New Registered Office Address:		
	Enter Floride	a street address
	Circ	Florida
New Registered Agent's Signature, if changing Registered .	•	Zip Cinic
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this cap uplete performance of m nt as provided for in Cha	v duties, and I om familiar with and apter 605, F.S. Or, if this document is

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
MGR	Samantha Young	18807 Victor Manuel Dr. Lutz, FL 33548	≣ Add
			□Remove
			UChange
	· · · · · · · · · · · · · · · · · · ·		□ Add
			Change
			
			□Remove
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the betiment's effective date on if	is block does not meet the a	pplicable statutory lilii	optional (optional more than 90 days after filing requirements, this date) g.) Pursuant to 605.020 e will not be fisted as
	ective date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
record specifies a delayed effe is filed.				
record specifies a delayed efferis filed. June 14 tted	2024			
is filed.	2024 Signature of a member of			

Filing Fee: \$25.00