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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Con						
Samco Pro	perties Group LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Shlomi Cohen					
		Name of Person				
		Firm/Company				
	5577 Lancewood Way					
		Address				
	Naples FL 64116					
	momi7676@gmail.com	City/State and Zip Code				
		to be used for future annual	report notification)			
For further information of	concerning this matter, please c	all:				
Shlomi Cohen			7-3998			
Name of Person		at () Area Code	Daytime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status			
Mailing Addres		Street A	ddress: ation Section			
Division of C	Corporations	Divisio	on of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

Sameo Properties Group LLC	any as it now appears on our records.)			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000304553	÷ 1			
This amendment is submitted to amend the following:	37			
A. If amending name, enter the new name of the limited liab	oility company here:			
Shlomi Cohen LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L,L,C,"			
Enter new principal offices address, if applicable:	5577 Lancewood Way			
(Principal office address MUST BE A STREET ADDRESS)	Naples .FL . 34116			
Enter new mailing address, if applicable:	2338 Immokalee Rd.			
(Mailing address MAY BE A POST OFFICE BOX)	STE #298			
	Naples ,FL, 34110			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>			
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City Zin 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
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			□Change

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record s d is filed	specifies a delayed (l.	effective date, but	not an effectiv	ve time, at 12:0	La.m. on the ear	rlier of: (b) Th	ie 90th day a	fiesthe
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Dated		Signature o	of a member or a	authorized represe	entative of a mem	ner	en Th	15 AM 10: 37