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COVER LETTER

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TO: Registration Section Division of Corporations

SAMAND RE HOLDINGS, 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:

Chelsea T. Silvia, Esq.

Name of Person

Chelsea Silvia, P.A.

Firm/Company

3343 NW 27th Terrace

Address

Boca Raton, FL 33434

City/State and Zip Code

chelsilvia@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclose Mailing Address: Street Address: 17 PH 4: 33 **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 က 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAMAD RE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>10/20/2022</u> and assigned Florida document number <u>1.22000451271</u>

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 "LLC."

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	3343 NW 27th Terrace	
New Registered Office Address:		Florida street address
	Boca Raton	, Florida ³³⁴³⁴
	Сің	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.

helsettium 무 If Changing Registered Agent, Signature of New Registered Agent

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If Changing Registered Agent, Signature of New Registered Age

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Krystal M. Soler	613 Industrial Street	■Add
		Lake Worth, FL 33461	🗆 Remove
			□Change
			🗋 Add
			🖾 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A,			
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E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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. ŝ 20

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Dated _		. :	J_	<u>[]</u>
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	Signature of a number or authorized representative of a member	т. С	<u>ح</u>	\Box
		<u> </u>	Ξ.	
	John Jole	L L H	မို	
	Typed or printed name of signer			

Typed or printed name of signee