

L23000020395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

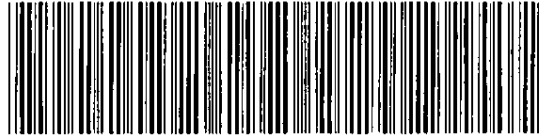
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800413013778

08/04/23--01022--014 **55.00

2023 AUG -4 AM 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sams Stage Rentals LLC
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:

Sammy Kelly JR
Name of Person

Sams Stage Rentals LLC
Firm/Company

3556 Kelly Circle
Address

Orlando / Florida 32765
City/State and Zip Code

SamsStages8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sammy Kelly JR at (321) 439-6887
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

Sams Stage Rentals 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 01/09/2023 and assigned Florida document number L23000020395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sams Event Rentals LLC
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)

3556 Kayla Circle
Oviedo FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3556 Kayla Circle
Oviedo FL 32765

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:

Sammy Kelly JR

New Registered Office Address:

3556 Kayla Circle
Enter Florida street address

Oviedo, Florida 32765
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.

S. Kelly
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
MGR	Sammy Kelly JR	3558 Kayla Circle	FL	32705			<input checked="" type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Change

2023 AUG - 4 AM 11:27

2023 AUG-4 AM 11:27

(If an effective date is listed, the date must be specific and cannot be prior to date of filing 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.

Dated 08/01/2023.

S. Kelly
Signature of a member or authorized representative of a member

Sermann Kelly JR
Typed or printed name of signer