## Florida Department of State Division of Congorations Electronic Filing Cover Spect

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

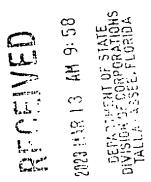
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAMARA TRADING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

SAMARA TRADING LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/15/2023	and assigned
Florida document number L23000084157	
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 "L.L.C."
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 na</u> agent and/or the new registered office address here:	ame of the new registe
	<u>~</u> 2
Name of New Registered Agent:	2ú23 I
New Registered Office Address:	5
Enter Florida street address	ω ;
Florida	

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.

New Registered Agent's Signature, if changing Registered Agent:

Cnv

If Changing Registered Agent, Signature of New Registered Agent

Zlp.Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	D'ONOFRIO, PAULA	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	Kemove
			□Change
MGR	Mayers, Paula	7901 4TH ST N STE 300	<b>※</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
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			□ Change

Effective date, if other than the date of filing:    (optional)		
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Filing Fee: \$25.00