## L23000111761

(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.
J DEMNIS
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## **COVER LETTER**

TO: Registration of Division o	on Section f Corporations		
	ell Key Trading LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Amanda Guerin		
	<u>-</u>	Name of Person	
	Brickell Key Trading LLC	:	
		Firm/Company	
	501 SE 2nd street Unit 820	0	
		Address	
	Fort Lauderdale, FL 3330	1	
		City/State and Zip Code	
	amandag100@gmail.com	to be used for future annual repor	
For further informat	ion concerning this matter, please c	-	CHOTICATOLY
Amanda Guerin		619 650-215	50
N:	ime of Person	at () Area Code Da	aytime Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac		Street Addres	
•	on Section of Corporations	Registratior Division of	Section Corporations
DA Boy	•		of Tallahaggan

P.O. Box 6327 Tallahassee, FL 32314

6 x 1 x x 1

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brickell Key Trading LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L23000111761	were filed on March 02, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here;	
Samanda Life LLC		<b>1023</b>
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.C."
Enter new principal offices address, if applicable:	3005 NE 190th street Unit 201	720
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33180	
		37.
Inter new mailing address, if applicable:	3005 NE 190th street Unit 201	37
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33180	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the n	ame of the new registe
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			Change
			□Add
			Change
	<u> </u>		□Add
			Change
		<del></del>	□Remove
			□ Change
			□Ađd
			□Remove
			□Add

□ Change

	<del></del>
C 66	sing data. If other then the data of Slines
f an et Note:	(optional)  Tective date, if other than the date of filing:
e record	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tilled.
Dated	November 09 2023

Typed or printed name of signee