

# L23000121128

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.  
Account Number : 120150000064  
Phone : (727)781-7428  
Fax Number : (727)502-6064

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAMSSON DEVELOPMENT, LLC .

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

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FLORIDA  
DIVISION OF CORPORATIONS  
TALL

**COVER LETTER** (((H23000325805 3)))**TO: Registration Section  
Division of Corporations****SUBJECT: SAMSSON DEVELOPMENT, 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:

DANIELA N. TOLLIVER

Name of Person

THE FAULKNER FIRM, P.A.

Firm/Company

4056 TAMPA ROAD

Address

OLDSMAR, FLORIDA 34677

City/State and Zip Code

DANIELA@THEFAULKNERFIRM.COM

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

For further information concerning this matter, please call:

DANIELA N. TOLLIVER

727 939-4900  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAMSSON DEVELOPMENT, LLC

(Same 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 FEBRUARY 14, 2023 and assigned  
Florida document number L23000121128.

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)

2023  
Samsson Development, LLC  
4056 Tampa Bld  
Oldsmar, FL 34677

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:

The Faulkner Firm, P.A.

New Registered Office Address:

4056 Tampa Bld

Enter Florida street address

Oldsmar

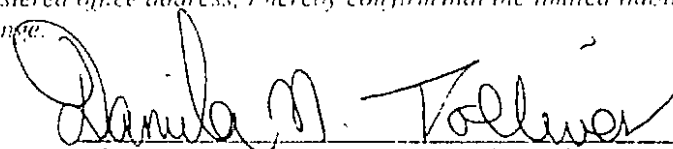
City

Florida 34677

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 Changing Registered Agent, Signature of New Registered Agent

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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>      | <u>Address</u>                              | <u>Type of Action</u>                                                      |
|--------------|------------------|---------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Richards Matassa | 3176 Shoal Lane<br>Hernando Beach, FL 34607 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |                                             | <input type="checkbox"/> Change                                            |
| MGR          | Lynn Matassa     | 3428 Gulfward Cir<br>Spring Hill, FL 34607  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                                             | <input type="checkbox"/> Change                                            |
|              |                  |                                             | <input type="checkbox"/> Add                                               |
|              |                  |                                             | <input type="checkbox"/> Remove                                            |
|              |                  |                                             | <input type="checkbox"/> Change                                            |
|              |                  |                                             | <input type="checkbox"/> Add                                               |
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|              |                  |                                             | <input type="checkbox"/> Change                                            |
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|              |                  |                                             | <input type="checkbox"/> Remove                                            |
|              |                  |                                             | <input type="checkbox"/> Change                                            |
|              |                  |                                             | <input type="checkbox"/> Add                                               |
|              |                  |                                             | <input type="checkbox"/> Remove                                            |
|              |                  |                                             | <input type="checkbox"/> Change                                            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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**F. 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 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 September 12 2023

X Lynn D Matassa  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Lynn D Matassa typed or printed name

Typed or printed name of signer

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Filing Fee: \$25.00