## L23000391187

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A. PARISHANI SEP 3 0 2023

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		1 .
Samus Cor	isulting LLC		•
SUBJECT:	Name of Lin	nited Liability Company	202
			: 3 : 9 : III
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	910
Please return all correspo	ondence concerning this matter	to the following:	• •
	<i>a</i>		
	Samuel Palacios	AL CD	<u> </u>
		Name of Person	
Division of Corporations  Samus Consulting LLC  Name of Limited Liability Company  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.			
	1353 NW 31st stront	, into Company	
	1939 1444 9181 811001	Address	
	Miami, Florida 33142		
		City/State and Zip Code	
For further information of			dication)
	concerning this matter, please c		
	ch.	at ()	
Name o	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration : Division of C	Section Corporations	Registration Se Division of Cor	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as if now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited L	iability Company as it now appears on our	records.)	
(A I	lorida Limited Liability Company)		21
The Articles of Organization for this Limited Liabil Florida document number <u>L2300039//</u>	lity Company were filed on <u>Auf</u> 2	1, 2023	2023 and assigned
	•	:	19
This amendment is submitted to amend the following	ng:	**	P .
A. If amending name, enter the new name of the	e limited liability company here:		-: 38
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable	e:		170.48
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regis		nter the name	of the new regist
agent and/or the new registered office address he	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AP	Felicity Palacies	1353 NW 31 Street.	□Add
		1353 NW 31 Street. Man Fl. 33142	Remove
			□Change
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rective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be parter. If the date inserted in this block does not meet the appearance of State's recomment's effective date on the Department of State's recomment.	plicable statutory			
ecord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01	a.m. on the earl	erof:(b) Th	c 90th day after the
acd Sept 15-Th 200	23.			
ica	· / 3	fi .		

Filing Fee: \$25.00

Typed or printed name of signee