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STUDENBERG LAW

Ganon J. Studenberg, J.D., LL.M., AEP®* Anne J. McPhee, J.D., LL.M. Master of Laws in Estate Planning, Accredited Estate Planner*, AV Rated*

August 5, 2024

Via U.S. Priority Mail

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sammy's Place Holdings, LLC

Dear Sir/Madam:

Please find enclosed the Cover Letter and Articles of Amendment for Sammy's Place Holdings, LLC. Our firm check in the amount of \$25.00 for the filing fee is also enclosed.

The purpose of this Amendment is to add the apostrophe in "Sammy's" in the name of the entity.

Should you have any questions, or if I can be of any assistance, please do not hesitate to contact me directly.

Very truly yours,

s/Ganon J. Studenberg

GANON J. STUDENBERG

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GJS/jp Encls: As Listed

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COVER LETTER

TO: Registration Se Division of Cor			
SAMMYS	PLACE HOLDINGS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ganon J. Studenberg, Esq.		
		Name of Person	
	Studenberg Law		
	·	Firm/Company	
	1119 Palmetto Avenue		- 3
		Address	
	Melbourne, FL 32901		
		City/State and Zip Code	· · ·
	Info@studenberglaw.com E-mail address: (to be used for future annual report notification)	<
For further information c	concerning this matter, please c		
Ganon J. Studenberg		321 722-2420	
Name o	f Person	Area Code Daytime Teleph	none Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration Division of C P.O. Box 632	Section Corporations	<u>Street Address:</u> Registration Section Division of Corporati The Centre of Tallaha	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAMMYS PLACE HOLDINGS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on $\frac{6/21/2024}{2000}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SAMMY'S PLACE HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		4r 3 8 2
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off	fice address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Onice Address.	Enter Florida street ad	dress
		, Florida
	City	Zip Code

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

х., х. — ни

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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>-</u>			DAdd
			□Change
n			🗆 Add
			Change
			Change
			bbA 🗆
			🗆 Remove
		<u> </u>	🗆 Add
		<u></u>	
			Change
			🗋 Add

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

E. 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 JUNE 21 2024

Robert S. Blover

Signature of a member or authorized representative of a member

ROBERT S. GLOVER

Typed or printed name of signee