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(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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TO:

# **COVER LETTER**

	tration Section on of Corporations			
	amba Bowl LLC			
SUBJECT:	Name of L	imited Liability Company		
The enclosed A	articles of Amendment and fee(s) are st	ubmitted for filing.		
Please return all	I correspondence concerning this matter	er to the following:		
	Thays Medici			
		Name of Person	<del></del>	
	Samba Bowl LLC			
	_	Firm/Company	_	
	2900 Woodpine CT		Si (8)	
		Address	- FALL	
	Sarasota FL 34231		SECRETAR SECRETAR	
	thaysmedici@hotmail.com	City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·	
	E-mail address	(to be used for future annual report notification)	ino:	
For further info	rmation concerning this matter, please	call:	27	
Thays Medici		206 8804615 at ()		
	Name of Person	Area Code Daytime Telephone Numbe	r	
Enclosed is a ch	neck for the following amount:			
■ \$25.00 Filir	ng Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
Regist Divisi P.O. E	ng Address: tration Section ion of Corporations Box 6327 massee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	

1206)8804615

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samba Bowl LLC (Name 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  $\frac{08/09/2024}{1}$ and assigned Florida document number L24000350007 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.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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

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

RestribuckOffice document certificate: https://acureart-nackoffice.com/download\_certificate/af%67e8e-025t-40rd-a004-ff50h6e42441

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

ResityBackOffice document certificate: https://epi.reuitybackoffice.com/download\_certificate/ar962e8e-025I-40d0-a004-f150b8e42441

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
AMBR	MATHEW SANTIAGO SCHULTZ	6719 66TH AVE EBRADENTON, FL 34203	□Add
			≣Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
		7: 4: 3: 7: 6: 6: 7:	And Add
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ResityBeckOffice document certificate; https://api.realtybackoffice.com/down/cost.ceruficate/af962e8e-025[-40d0-a004-it50b8e4244

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				<u> 工活</u>	: 27	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be p ock does not meet the ap	rior to date of filing or plicable statutory fil		ing.) Pursuar		
ne record specifies a delayed effective and is filed.	e date, but not an effectiv	re time, at 12:01 a.m	i. on the earlier of: (b)	The 90th d	ay after t	he
Dated August 28th	, 2024	·				
	Thays m	redici				

Filing Fee: \$25.00