L25 000 94205

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(10/8/2025

COVER LETTER

TO: Registration So Division of Con			
Samimi Ol	MS, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Soroush Samimi		
	<u></u>	Name of Person	
	Samimi OMS, PLLC		
		Firm/Company	
	401 SW 1st Ave, Apt 21	01	
		Address	
	Fort Lauderdale, FL 333	01	
		City/State and Zip Code	
	Samimi.OMFS@gmail.co		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Soroush Samimi		678 230-3187	
Name o	f Person		ne Telephone 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)
Mailing Addres		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samimi OMS, PLLC

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(Name of the Limited Linkility Compa	any as it now appears an our records)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	TALEANASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L25000094205	were filed on 02/24/2025	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 E Commercial BLVD, First	Floor
Principal office address MUST BE A STREET ADDRESS)	Oakland Park, FL 33334	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	401 SW 1st Ave, Apt 2101 Fort Lauderdale, FL 33301	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	e name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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Note:	ve date, if other than the date of filing:	207 (Las t
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.	he
Dated [08/01/2025	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00