## P16000066540

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SAMB	Croup inc.	
DOCUMENT NUMBE	R:P1600	00066540	··· · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	C	hera Hymit Name of Contact Person	<u>,</u> Н
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	1455	NW 107 Address	7ve
	Dor	City/ State and Zip Code	02.6
<u></u>	1	y Q Q O . CO sed for future annual report no	
For further information c	oncerning this matter, pleas	se call:	
<u>Chera</u> Name of	Hymie Contact Person	at (954) Area Code	2379149 & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Departr	ment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division o Clifton B	ent Section of Corporations

Tallahassee, FL 32301

## Articles of Amendment to

Articles of In	<del>-</del>	<b>E</b> (5)
SAMB (TOUS		P 700
	コバC・ tly filed with the Florida Dept. of State)	77, 50
P1600066		<del></del>
(Document Number of	of Corporation (if known)	ترع
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent		
		-
(Florida st	treet address)	-
New Registered Office Address:	(City), Florida (Zip (	Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>	,

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John D	<u> </u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	_	Name	Address	
1)Change	_0	_	buhbut moshe	4025 N. Nob Hill rd	
Add				apt 508	
Remove				Sunce FL 33351	
2) Change		<u></u>		<del></del>	
Add					
Remove				45-7420-4-1-4-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove				<del> </del>	
5)Change					
Add					
Remove				<del></del>	
6) Change	•••	_			
Add					
Remove					

	r adding additional Arti nal sheets, if necessary).	(Be specific)			
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			<u></u>		
	Y-2-2-2-4				
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f an amendm	ent provides for an exch r implementing the ame plicable, indicate N/A)	ange, reclassificati adment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
<u>provisions fo</u>					
<u>provisions fo</u>			· · ·		<del> </del>
<u>provisions fo</u>					
<u>provisions fo</u>					
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<u>provisions fo</u>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/14/16	
Signature _	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Chara Humie II	
Chara Hymre H (Typed or printed name of person signing)	
P	
(Title of person signing)	<del></del>