L11000072874

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration S Division of Co				
SIMAS, L	LC			
SUBJECT:	Name of Limi	ited Liability Company	 .	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
	MEJ PROFESSIONAL SE	RVICES INC		
		Firm/Company		
	323 S 21ST AVENUE, SU	ите с	SEC	TILE 1:52
		Address		
	HOLLYWOOD, FL 33020)		3 1
		City/State and Zip Code		P
	info@mejaccounting.com	to be used for future annual report notifica	tion)	- .
For further information	concerning this matter, please c		T A	2
TANIA FUICA	concerning and management products	305 4673357		
	of Person	at ()	elephone Number	
, vario	VII (1301)	·		
Enclosed is a check for	the 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 enclose	
Mailing Addr		<u>Street Address:</u> Registration Secti	on	
Registration Division of	Section Corporations	Division of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMAS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.' Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L11000072874		and assigned
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:	1115	
(Principal office address MUST BE A STREET ADDRESS)		<u>& 2</u>
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 th	23 OCT 31 PN 1:52 THE NAME OF
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1	
	, Flor	70a 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>	<u>Address</u>	Type of Action
MGR	TANIA FUICA	323 S 21ST AVENUE, SUITE C	□ Add
		HOLLYWOOD, FL 33020	🖹 Remove
			□Change
MGR	MANAGING AND CONSULTING	16385 Biscayne Blvd, #1615, Aventura, FL 33160	= Add
			□Remove
			□Change
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fective date, if o	ther than the da	te of filing:			(optional	1)	
an effective date is lis	erted in this block	does not meet t	he applicable st	atutory filing req	wirements, this dat	g.) Pursuant to 60: c will not be list	5.0207 (3) cd as the
ocument's effective	date on the Depar	tment of State's	s records.				
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Filing Fee: \$25.00

Typed or printed name of signee