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COVER LETTER

Division of Corporations Simplicity Design and Build LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph S. Shenstone Name of Person Simplicity Design and Build LLC Firm/Company 4580 1st Ave. NW Address Naples, FL 34119 City/State and Zip Code joe@simplicitynaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph S. Shenstone Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

TO: . . Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simplicity Design and Build LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L16000188886 This amendment is submitted to amend the following the content of the c	iability Company		Sion Alle
A. If amending name, enter the new name of	of the limited liab	oility company here:	5
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Joseph S. Shenstone	
(Principal office address MUST BE A STREE		4580 1st Ave. NW	
		Naples, FL 34119	
Enter new mailing address, if applicable:		Joseph S. Shenstone 4580 1st Ave. NW	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Naples, FL 34119	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our r e:	ecords, enter the name of the new
Name of New Registered Agent:	Joseph S. Shenstone		
New Registered Office Address:	4580 1st Ave. 1		
		Enter Florida stree	t address
	Naples		Florida <u>34119</u>
		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 Changing Registered Agent, Signature of New Registered Agent

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	Paul Poniatowski	4801 Hawthorn Woods Way	
		Naples, FL 34116	Remove
			Change
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lf an cf <u>Note:</u>	live date, if other than the date of filing:	605.0207 (listed as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	arlier of:
Dated	AUGUST 10 2017	
	Signature of a member or authorized representative of a member	_
	\ / / ·	

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Filing Fee: \$25.00