L19 0000 48551

(Red	questor's Name)	-
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAiL
(Bus	siness Entity Name	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





900330603949

06/27/19--01012--006 **55.80

2019 JUN 27 PH 4: 54

C. GOLDEN

JUL 1 1 2019

COVER LETTER

Division of Cor		ė	
SUBJECT:	Simply S	ecure LLC	4.
JOINILET	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rob	ert C Mayo-Smith	
		Name of Person	
	Simp	ly Secure LLC	
		Firm/Company	
	1770 Northwest 64th S	treet, Cypress Commerce Cent	ter, Suite 400
		Address	
	Fort	Lauderdale, FL 33309	
		City/State and Zip Code	
		-smith@simplysecuregroup.co	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Robert C Mayo-Smit	h	at (_954) 684 5850	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Secure LLC

THED

2019 JUH 27 PH 4: 54

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000048531	were filed on February 25 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Cont		
Enter new principal offices address, if applicable:	orthwest 64th Street, Cypress C	ommerce Center, Suite 400
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdate, FL, 33	309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 333	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and l provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 299 Broadway, Suite 1305 Robert C. Mavo-Smith **AMBR** □ Add New York, NY 10007 E Remove □ Change 1770 Northwest 64th Street Mirosayuler LLC **AMBR** Add Cypress Commerce Center, Suite 400 □ Remove _□ Change Kevin R. Gordon **AMBR** Nanny Cay, Marina Apt #20 □ Add Tortola, British Virgin Islands □ Remove Change 34 Lady Jane Gardens MGR. Robert C. Mayo-Smith Add North Berwick, EH39 4ER ☐ Remove Scotland ☐ Change MGR Kevin R. Gordon Nanny Cay, Marina Apt #20 Add Tortola, British Virgin Islands ☐ Remove ☐ Change □ Add ☐ Remove

Change

,	
-	
_	
•	
-	
_	
-	
Effect	ive date, if other than the date of filing:
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ine	90th day after the record is filed.
	Jone 26 2019
1910/1	100
Jated	
Jated	Signature of member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00