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SECRETARY OF STATE

COVER LETTER

SUBJECT: Simply Better Services LLC (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: Cywpe G Brumann (Name of Person) Simply Better Services LEGA (Firm/Company) 90 Fellow Ship Prive Ecotory (Address) Palm Coust Floring 32/37 De Griden Services			
Please return all correspondence concerning this matter to the following: Cynpe G Brumann (Name of Person) Simply Better Services HATAN (Firm/Company) 90 FellowShip DRIVE (Address) DAIM COUST Floring 32/37			
Cympe C Baymann (Name of Person) Simply Better Services FIGURE (Firm/Company) 90 Fellow Ship DRIVE (Address) DAIM COUST Floring 32/37 DEF			
90 Fellow Ship DRIVE FOR DO CARDENST Floring 32/37 PM 5			
For further information concerning this matter, please call:			
. Robert Brumnn at (386) 986 4368 (Name of Person) at (386) 986 4368 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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 Better Services LLC

(Present Name)

(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on and assigned document number	
SECOND:	This amendment is submitted to amend the following:	
	REMOVE My NAME Robert L' Brumman	
	Remove My NAME Robert L. Brumman + replace It with Cyupe G. Brumman From the LLC. Everything Else Stayt the Stage	
	From the LLC.	
	Everything Else Stayt the Same	
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	SET 2 I	
	OF STATE ORID.	
Dotad (9-16-07	
Dated	· · · · · · · · · · · · · · · · · · ·	
	Robert Le Baumann	
	Signature of a member or authorized representative of a member	
	Robert L- Brumnwn Typed or printed name of signee	
	Cynole A. Baumann Cynole G. Baumann	_
	Filing Fee: \$25.00 Lynde G. Baumann	