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SEP 1 7 2019

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: SIMPLY SCATOOD LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Debra Galeazzi Name of Person
Simply Slatodic
12149 S. Williams St.
Dunnellon FL 34432 City/State and Zip Code
SIMPLUSE atood W Uahoo. Com E-mail address: (to be used for future annual report-notification)
or further information concerning this matter, please call:
SEDTA GALLOZZI at (352), H6S-7887 Area Code Daytime Telephone Number
nclosed 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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (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

RTICLES OF ORGANI	Z
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JIMNDIU_	OCUTE	200	<u> </u>	! 		
(Name of the Limited	Liability Company a Florida Limited Liab	is it now appea lity Company)	rs on our record	<u>ls.</u>)		
·			11101	^~		
The Articles of Organization for this Limited Lial		re filed on	41191	0	and assig	gned
Florida document number 107000	142006		('			
						
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liabilit	company h	<u>ere</u> :			
The Sentand Ma	rkot of	- Dur	mella	10 1		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the	designation "LLC	or the abbrev	iation "L.L	C."
Coton and a figure address if applical	hlor			,	~	
Enter new principal offices address, if applical			<u> </u>	<u> </u>	- 019	
(Principal office address MUST BE A STREET	ADDRESS)			(-·	<u></u> \$\$	- T
	-		· · · · · · · · · · · · · · · · · · ·		1	
				3.* 9.	9	
Enter new mailing address, if applicable:	_	<u>-</u>	<u> </u>	111		-
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			- 	 က	<i>"</i>
					29	
	_					
B. If amending the registered agent and/o	r registered offic	e address o	n our record	ls, <u>enter the</u>	пате (of the n
registered agent and/or the new registered offi	ice <u>address here</u> :					
Name of New Registered Agent:				_		
New Paristand Office Address						
New Registered Office Address:		Enter Flo	orida street addre	PSS		
			r	lorida		
		City	, r		Zip Code	
New Registered Agent's Signature, if changing Ro	egistered Agent:	-				

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			□ Add
			Remove
			Change
			□ Remove
			Change
		****	□ Add
			☐ Remove
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			□ Remove
			☐ Change

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∈ffect	ive date, if other than the date of filing: (optional)
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 605.02
f an ef <u>Note:</u>	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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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Filing Fee: \$25.00