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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: SMALL BUSINESS RESOURCES USA, INC. Account Name

Account Number : 120040000173 : (407)298-4646 Fax Number : (407)297-0588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIM PROPERTY GROUP, LLC

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JUL 7 - 2010

EXAMINER

	COVER LETTER				
TO:	tegistration Section ivision of Corporations				
SUBJ	SIM Property Group, LLC				
	Name of Limited Liability Company				
The en	osed Articles of Amendment and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	James K. Duerr, CPA				
	Name of Person				
	Small Business Resources USA, Inc.				
	Firm/Company				
	1601 Park Center Dr., Ste. 6A				
	Address				
	Orlando, FL 32835				
	City/State and Zip Code				
	JimD@sbrorlando.com E-mail address: (to be used for future annual report notification)				
For fur	er information concerning this matter, please call:				
	James K. Duerr, CPA at (407) 298-4646 Name of Person Area Code & Daytime Telephone Number				
	Name of Person Area Code & Daytime Telephone Number				
Enclos	is a check for the following amount:				
\$25	0 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin				

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

AX AUDIT # H 15000 1552 20 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIM Property	Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/01/2008	and assigned
Florida document numberL08000093034			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim	ited Liability Comp	any," the designation "I	LC" or the abbreviatio
"L.L.C."		•	A S 6
Enter new principal offices address, if applicable:	4763 South (Conway Road, Ste	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	32812	\$ 5 T
	 		
Enter new mailing address, if applicable:	4763 South 0	Conway Road, Ste	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL	32812	<u>e</u> m 60
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
		, Florida	
	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 608, 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

Page 1 of 2

FAX BUDIT # H 10000 155500 3

FŘOM :SAMUEL If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR'= Manager MGRM - Managing Member Title <u>Name</u> Address Type of Action **MGRM** Sandra S. Orlega Sandra S. Ottega ∏ Add □ Romove 4763 South Conway Road, Ste. F. Ortsodo, El. 32812 Add Remove bbA [Remove □ vqq Remove ∏Add Remove ∏Add Remove D. It amending any other information, anter change(s) here: (Attach additional sheets, if necessary.) Article V - Please change addresses of all members to: 4763 South Conway Road, Suite F Orlando, FL 32812 <u> ၁၀(ပ</u> Signature of a member of authorized representative of a member Samuel Maldonado, MGRM

Typed or printed name of signee.
Page 2 of 2

Filing Fee: \$25.00