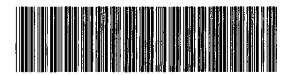
L0800011065

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| · · · · · | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Business Linuty Marile) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100199783281

03/30/11--01017--010 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 9 1 2011

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | ection rporations | | |
|------------------------------------|--|---|--|
| SUBJECT: | SIMPLE HOWEY SO | LUTIONS, LLC | |
| · | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | David B | EAN Name of Person | |
| | SIMPLE MODEY | Name of Person SOLUTIONS, LLC Firm/Company | |
| | 13512 R1665 | Address | |
| | WINDER MERE | FL 34786 City/State and Zip Code | |
| | TBEAN 636 (E-mail address: (10 | O U.L.RR: LOM o be used for future annual report notifical | tion) |
| For further information of | concerning this matter, please ca | all: | |
| LE351CA Name o | BEAN / DAVID BE | at (467) 414 - 5377 Area Code & Daytime T | (407) 697 · 8756 Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| | EY SOLUTIONS | | 11-MAR-30 AM 84/36 |
|---|--|---|----------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | v Company as it now Limited Liability Com | appears on our rec opany) | ords.) |
| The Articles of Organization for this Limited Liability (Florida document number <u>L08000111065</u> | Company were filed c | on DEEDBER 5 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability compa | ny here: | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability | Company," the desig | mation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered. | tered office address | · · · · · · · · · · · · · · · · · · · | enter the name of the new |
| registered agent and/or the new registered office add | <u>iress nere</u> : | | |
| Name of New Registered Agent: | | P-117-11-11-11-11-11-11-11-11-11-11-11-11 | |
| New Registered Office Address: | | Enter Florida st | treat address |
| | | | |
| | City | , F10 | orida 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

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 **Type of Action** Name Address DAVID A. BEAN M6RM 13512 RIGGS WAY WILDERMERE, FL 34 ☐ Add Remove ☐ Add Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

David A. BEAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00