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SECRETARY OF STATE CORPORATION

10 JUN 18 AM 11:26

T. HAMPTON
JUN 2 1 2010
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Simdim Properties 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:
Doyle Simmons
Name of Person
Simdim Properties LLC Pinn/Company
9603 Dakridge Ave
Address
Riverview, FL 33578 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Doyle Simmons at (813) 294-0755 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed 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 Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

· Sindim Pro		
(Name of the Limited Liability) (A Florida	lty Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on May 7:2010 and assig	ned
lorida document number <u>L100004952</u> ,		
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
Sim Dem Propert	ties LLC words "Limited Liability Company;" the designation "LLC" or the abl	braziatiar
L.L.C."	words Elimited Elability Company; me designation LEC of the abi	oreviatioi
Enter new principal offices address, if applicable:	10 Sign	7
Principal office address MUST BE A STREET ADD	DRESS)	05 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5 3	
Enter new mailing address, if applicable:	RP RP P	S.
Mailing address MAY BE A POST OFFICE BOX)	m 2	
	3	
) If amonding the registered areas and/or regis	data and a CC and duran an arm manager and another manager of	4h
egistered agent and/or the new registered office ad	istered office address on our records, enter the name of ddress here:	tne new
	• •	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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.

or Managing Momber being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name 1 **Address Type of Action** .□ Add Remove Remove ☐ Remove Add Remove ∐Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00.