L10000017716

(Re	questor's Name)	<u> </u>
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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OCT 1 3 2014 T. BROWN

COVER LETTER!

TO:

Registration Section
Division of Corporations

SUBJECT: ACUTEKSYSTEMS 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:

FATEMA MAWJI

Name of Person

ACUTEKSYSTEMS LLC

Firm/Company

2005 TREE FORK LANE UNIT 121

Address

LONGWOOD, FL, 32750

City/State and Zip Code

FM@SIMPLYNAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FATEMA MAWJI

,,407,960-4690

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2014

DATEMA MAWJI ACUTEKSYSTEMS LLC 2005 TREE FORK LANE UNIT 121 LONGWOOD, FL 32750

SUBJECT: ACUTEKSYSTEMS LLC

Ref. Number: L10000077716

We have received your document for ACUTEKSYSTEMS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LtC.," "Ltd.," and "Co."

The document number of the name conflict is P14000070116.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 714A00018145

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACCATION PH 2: 25

ACUTEKSYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>07/23/2014</u>	and assigned
Florida document number L10000077716		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SIMPLY GROUP II LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	4366 NORTH RONALD REGA	N RI VD
Enter new mailing address, if applicable:		IA PLAD
(Mailing address MAY BE A POST OFFICE BOX)	SANFORD FL 32773	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
		,
New Registered Office Address:	Enter Florida street address	·····
	, Florida	
·	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre চেন্বেয়ু ব্যাহার থা পানি চার্বাস্থান করে বিশেষ প্রত্যাধিক বিল্লান করে বিশেষ বিশেষ বিশেষ করে বিশেষ বিশেষ বিশেষ বিশেষ বিশেষ বিশ্বাসন্ত	ee to act in this capacity. I further agre Tadress, Thereby confirm that the lim	ee to comply with the ited liability
If Chan	iging Registered Agent, Signature of New Rose	stered Agent

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Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member Being added or removed from our records:

MGR = M AMBR = A	wthortzed Member	•	
Title	Name	Address	Type of Action
MGMR	FATEMA MAWJI	2005 TREE FORK LANE, UNIT #121, LONGWOOD, FL 3275	D Add.
			_E Remove
MGMR	GULAMABBAS MAWJI	2009 TREE FORK LANE, UNIT #121, LONGWOOD, FL 32750	_B Add
			_□ Remove
MEMBER	ANTOINETTE NOVAK	2006 TREE FORK LANE, UNIT \$121, LONGWOOD, FL 32750	
		,	_O Remove
			_ _
			_D Remove
			_[] A.dd
		,	□ Remove
			Add
			□ Remove

	TED ON ALL DOCUMENTATION	ON INCLUDING SUNBIZ.ORG
THE EIN HAS TO BE SH	NAN WITH THE NEW NA	ME CHANGE. THANK YOU
Reflective date, if other than the da The effective date must be specific, cannot b the date this document is filed by the Florid	e prior to date of receipt or filed date and	(optional) Lensot be more than 20 days after
Dated July 24	2014	
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Filing Fee: \$25.00