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COVER LETTER

TO: Registration Se Division of Co			- 2 :
	MMONS APPRAISALS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	***
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	20 MR 29 MM 9. 45
	ondence concerning this matter	•	.
	JAMES GUY SIMMONS	S	
		Name of Person	
	J. GUY SIMMONS APP	RAISALS & REALTY, LLC	
		Firm/Company	
	PO BOX 879		
	BUSHNELL, FLORIDA		
	GUYSIMMONS@SUM.N	City/State and Zip Code	
	_	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JAMES GUY SIMMON	NS	·352 793-8200	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Sec	tion
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	porations
Tallahassee.			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ANI		O	
ARTIC		ORGANIZATION	7 Po 15.
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			6
J. GUY SIMMONS APPRAISALS.			Fe is
(Name of the Limited	Liability Compa A Florida Limited	iny as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Lia	bility Company	were filed on 12/15/20	and assigned
lorida document number L10000128562			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	oility company here:	
J. GUY SIMMONS APPRAISALS & REALTY, LI	LC		
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET ADDRESS)		2944 SE 75TH BLV)
		BUSHNELL, FL 335	513
			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		PO BOX 879	
			:42
		BUSHNELL, FL 335	
B. If amending the registered agent and/or registered office address			s, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	2944 SE 75Th		
-		Enter Florida stre	ret address
	BUSHNELL		, Florida ³³⁵¹³

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

> gent, Signature of New Registered Agent Changing Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES GUY SIMMONS	2944 SE 75TH BLVD BUSHNELL, FL 33513	□Add
			□Remove
			= Change
			□Add
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			□Change

	
	
	MAY 1, 2020
ve date, if other than the date	e of filing: (optional) pecific 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 d	loes not meet the applicable statutory filing requirements, this date will not be listed as
ent's effective date on the Departr	ment of State's records.
d enecifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed.	e. out not an effective time, at 12.01 a.m. on the earner of. (6) The 70th day after the
APRIL 27	2020
APRIL 21	· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00

Typed or printed name of signee