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OCT 20 2011

EXAMINER



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11 OCT 19 PN 2: 39
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: SIMPLIFYPR, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CAROLYN C. RÓGERS Name of Person
	SIMPUFY PR. Firm/Company
	13451 McGregor BIVd #31
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
Enclos	red is a check for the following amount:
□\$25 (5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 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

S) M (Name of the Limited Lia)	PUTYTR LLC	our records
(A Flor	ida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liabili	ty Company were filed on July	27 2011 and assigned
Florida document number <u>L110000719</u>	the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company) s Limited Liability Company were filed on	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	13451 M	Gregor BIVd #31
(Principal office address MUST BE A STREET A	ODRESS) FT. MYE	rs, IL 33919
		AL SE
Enter new mailing address, if applicable:		AAR OC
(Mailing address MAY BE A POST OFFICE BOX	2	SS - Thirthe
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our r address here:	ecords, enter the stope of the new
		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	orida street address
	City	, Florida Zip Code
	Cuy	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

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			— Add ∏Remove
amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			_
			-
 I		r or authorized representative of a member R.OGERS or printed name of signee	_

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Filing Fee: \$25.00