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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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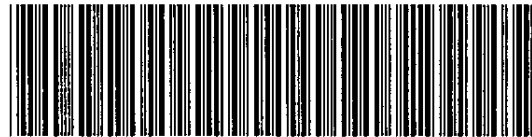
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MAR 22 2012

EXAMINER



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03/20/12--01011--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 MAR 20 AM 9:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Simply Delicious, 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:

JOHN CREEL

(Name of Person)

4601 66th ST. N.

(Firm/Company)

(Address)

ST. PETERSBURG, FL 33707

(City/State and Zip Code)

CREELMOTORS@yahoo.com

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

For further information concerning this matter, please call:

JOHN CREEL

(Name of Person)

at 727 580-9399

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 20 AM 9:09

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 20 AM 9:09

SIMPLY DELICIOUS 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 1/25/2012 and assigned
Florida document number 412000012116

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN CREEL

New Registered Office Address:

4601 66TH ST N.

Enter Florida street address

ST. PETERSBURG

City

FLORIDA 33709

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.

[Signature]
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:

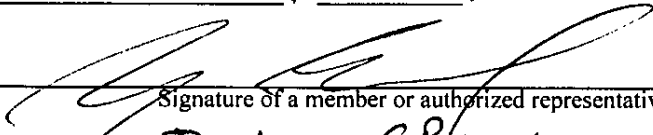
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN CREEL	4601 66TH ST N. ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GEORGE CREEL	4601 66TH ST N. ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GREGORY COWAN	4601 66TH ST N. ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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
JOHN CREEL

Typed or printed name of signee