

Division of Corporations

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L120000033113

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : GREENBERG, TRAUTS, HOFFMAN, ET AL.
Account Number : 076077001461
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNDERSTANDING BY DESIGN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

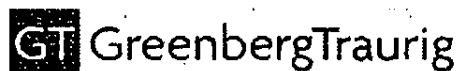
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J. SAULSBERRY
EXAMINER

MAR 29 2012

**Transmittal Cover Sheet****From:**

Debra Palmisano

Tel:

305.789.5357

E-Mail:

palmisanod@gtlaw.com

To:	Fax No:	Company:	Phone No.:
Florida Department of State	18506176383	Division of Corporations	

File No.: 999901.563476**Re:** Understanding By Design, LLC**Date:** 3/28/12 4:45 PM**No. Pages:** Including Cover Sheet 4If you do not receive all pages properly, please call the sender.

Notes: Please file the attached amendment for name change and forward certified copy as soon as available.
Thank you.

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Greenberg Traurig, P.A.

333 Avenue of the Americas, Suite 4400, Miami, Florida 33131-3238 Phone: 305.579.0500 Fax: 305.579.0717

H120000816 773

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

Understanding by Design, 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 March 7, 2012 and assigned
Florida document number L12000033113

This amendment is submitted to amend the following:

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

Simplified Strategies, LLC

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)

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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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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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

MCRM = Managing Member

Title	Name	Address	Type of Action
			<input 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
			<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.)

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 TALLAHASSEE, FLORIDA

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Dated _____

 Signature of a member or authorized representative of a member
 Drew M. Altman, Esq., Authorized person
 Typed or printed name of signee

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