

L12000035164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

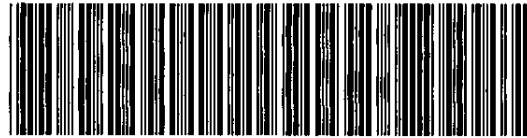
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300266227683

300266227683  
11/10/14--01045--009 \*\*25.00

FILED

14 NOV 10 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 18 2014

T. HAMPTON

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SIMA SERVICES, 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:

ANDRES SIERRA.  
Name of Person  
SIMA SERVICES, LLC  
Firm/Company  
6813 VIA REGINA  
Address  
BOCA RATON, FL 33433  
City/State and Zip Code  
SIMASERVICES  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES SIERRA at (561) 929-7875  
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

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

SIMA SERVICES 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 13, 2012 and assigned Florida document number L12000035164.

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)**

FILED  
14 NOV 10 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ANDRES SIERRA.

New Registered Office Address:

6813 VIA REGINA

Enter Florida street address

BOCA RATON

City

Florida

33433.

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 605, 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 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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

FILED  
 14 NOV 10 PM 1:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAME CHANGE OF OWNER.

ATTACHED IS A COPY OF THE COURT ORDER.  
FROM, EDGAR A. SIERRA.  
TO, ANDRES SIERRA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 8<sup>TH</sup>, 2014.

Signature of a member or authorized representative of a member

ANDRES SIERRA

Typed or printed name of signee

FILED  
14 NOV 10 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of Homeland Security

U.S. Citizenship and Immigration Services

United States District Court  
West Palm Beach, Florida

**Petition for Name Change**

(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 – 8.  
(Type or print clearly).

My full and correct name (current name):

1. EDGAR ANDRES SIERRA  
(FIRST) (MIDDLE) (LAST)

2. Address: 6813 Via Regina Boca Raton, FL 33433  
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: Colombia 4. Date of Birth: 01/22/1983  
(MM/DD/YYYY)

5. Alien Registration Card (Green Card) Number: A 203 146 010

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

ANDRES SIERRA  
(FIRST) (MIDDLE) (LAST)

8. Date: 9/22/2014  
Signature of Petitioner, (current name)

**CERTIFICATION OF NAME CHANGE**

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON

Steven M. Larimore

(Clerk)

M. RINCON-AGUDELO

(Deputy Clerk)

SEP 26 2014

(MM/DD/YYYY)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 10 PM 1:20

FILED

**IMPORTANT INFORMATION**

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.