

L12000072678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

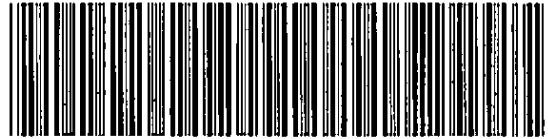
(Business Entity Name)

(Document Number)

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2018 JUN 11 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN  
JUN 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2018

FLORIDA PROS  
ATTN: ARTHUR SIMPSON  
240 S ATLANTIC AVE.  
ORMOND BEACH, FL 32176

SUBJECT: SIMPSON AND ASSOCIATES REAL ESTATE, LLC  
Ref. Number: L12000072678

We have received your document for SIMPSON AND ASSOCIATES REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name conflict is FLORIDA PROFESSIONAL REAL ESTATE, INC., document #P97000017049. The words "Pro" or "Pros" are know abbreviations of the words Professional and Professionals which would render the name non-distinguishable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 618A00010343

RECEIVED  
2018 JUN 11 PM 12:34  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Simpson and Associates Real Estate, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Simpson

\_\_\_\_\_  
Name of Person

Florida Pros

\_\_\_\_\_  
Firm/Company

240 South Atlantic Ave

\_\_\_\_\_  
Address

Ormond Beach, FL 32176

\_\_\_\_\_  
City/State and Zip Code

asimpson@floridapros.com

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

For further information concerning this matter, please call:

Arthur Simpson

386 301-4483

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

Simpson and Associates Real Estate, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2018 JUN 11 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2014 and assigned  
Florida document number 112000072678.

This amendment is submitted to amend the following:

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

Florida Pros Realty Services, LLC

The new name must be distinguishable and contain 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)**

240 South Atlantic Ave

Ormond Beach, FL 32176

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

240 South Atlantic Ave

Ormond Beach, FL 32176

**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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	John Hentheru	1104 CITRUS OAKS RUN	<input type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arthur Simpson	115 Ormond Parkway	<input type="checkbox"/> Add
		Ormond Beach, FL 32176	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 06/09/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/09 2018

Signature of a member or authorized representative of a member

Arthur Simpson

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

SECRETARY OF STATE  
1411 AHASSTEE FLORIDA  
2018 JUN 11 AM 8:41

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