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2013 MAR 25 PH 4: 48

MAR 2 6 2013 D. BRUCE

COVER LETTER

TO: Registration Se Division of Con		/ /	
SUBJECT:	SiM) ex Name of Limit	le Ntures and Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		1D MILLER Name of Person	2
	SIM?	PLEX VENTUR Firm/Company	S, LLC
	591.	5 FACTORY Address	SHOPS BLUD
	EUE	City/State and Zip Code	1- Com 18825
	E-mail address: (to	o be used for future annual report notificati	1-Com 255
For further information c	oncerning this matter, please ca		
DAUD Name o	MILLER f Person	at (<u>941)</u> 729 - C Area Code & Daytime Te	2060 Implementation of the control o
Enclosed is a check for the	ne 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

(Name of the Limited Liability Con	PENTURES LLC 1 pany as it now appears on our records,)
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L/200086024</u>	any were filed on July 12, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the designation "LLC" or the abbreviation
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)	700 to 00
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	AUID F. MILLER 5915 FACTORY SHOPS BLUD Enter Florida street address
<u>E4</u>	ENTON, Florida 3911
New Registered Agent's Signature, if changing Registered Age	·
the provisions of all statutes relative to the proper and co	agree to act in this capacity. I further agree to comply with mplete performance of my duties, and I am familiar with and as provided for in Chapter 608, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M: MGRM = 1	nger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			_
			Add
		-	Remove
			_
			Add
			Remove
			Add
		(7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	25
		(C)	Add
		e,	Remove
			Add
			Remove

f am ~	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	-
-	
-	
	MARCH 22 .3013.
	Signature of a member or authorized representative of a member
	PAVID MILLER
	Typed or printed name of signee

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Filing Fee: \$25.00

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