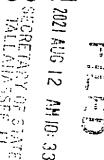
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SIMPLE LEGAL LLC Name of Limited Wability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chikeena George Name of Person
Simplee Legal Solutions, LLC
9314 Forest HIIBNd #916
Wellington Fl 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \tag{Certified Copy (additional copy is enclosed)} \tag{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \tag{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simplee Legal, L	
\(\frac{\text{Name of the Limited Liability Compa}}{(A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1300017010	
This amendment is submitted to amend the following:	SOC THE STATE OF T
A. If amending name, enter the new name of the limited liab Simplee Legal Solutions	ILLC 33
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	9314 Forest Hill Blud #916
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FT 3341
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0314 Forest HIII Blud & GIII Wellington, FI 33411
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Chike	ena George
New Registered Office Address: 1401	Enter Florida street address
West	Dolor Beach, Florida 33401 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>	Address	Type of Action
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Dated		Signature of a	member or auti	norized representa	tive of a member			

Filing Fee: \$25.00