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K. SALY EXAMINER

JUN 7 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SIMPAT BOLWOLLLC 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:
Harmanit Kaur
Similar Bacua LLC
Walters 2061 Siesta Dr
Sarasota FL 34239 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hornantit Kaur at 941, 343-2142 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 JUH -6 PH 2: 39

SIMRAT BA	IWA LLC		SECRETARY OF STA
SIMRAT BA (Name of the Limited Liability (A Florida L	Company as it now app united Liability Compan	ears on our records.) y)	TALEAHASSEE, FLORID
The Articles of Organization for this Limited Liability Co Florida document number <u>L/300050636</u>		4-5-2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed Hability company l	<u>tere</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ts "Limited Liability Con	upany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	Ess)	_	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	•	Enter Florida street a	address
		Florida	7. (2.1
	Ciţ _i .		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

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 MGRM = Managing Member Type of Action <u>Address</u> Name Add Add Remove Add Remove Add Remove Add Remove Add

Remove

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	06/04/2013
	HARMANDIT KAUR

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Filing Fee: \$25.00