

L1700007717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

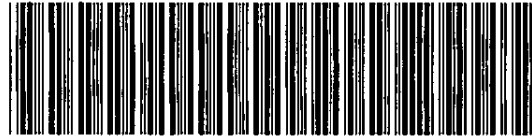
☐ MAIL

(Business Entity Name)

(Document Number)

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

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J. Shivers DEC 10 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SB Simplified, 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:

David Ramirez

Name of Person

SB Simplified, LLC / dba: Suppsnow.com

Firm/Company

2115 W. Hills Ave #1

Address

TAMPA FL 33606

City/State and Zip Code

ddaddave2@gmail.com

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

For further information concerning this matter, please call:

David Ramirez

Name of Person

at (813) 760-9788

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**

S.B. Simplified, 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 5/20/2013 and assigned Florida document number L13000073177.

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)

2115 W. Hills Ave #1  
Tampa FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

David Ramirez

New Registered Office Address:

2115 W. Hills Ave #2

Enter Florida street address

Tampa, Florida 33606  
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.

DR  
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

Title	Name	Address	Type of Action
MGR	David Ramirez	2115 W. Hills Ave TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Martin Rivenbark	2326 Arlington St Sarasota FL 34239	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Brian J Coswell	1945 17th St. Ste 201 Sarasota FL 34234	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Georgous Elou	3426 Roxbury Dr Holiday FL 34691	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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**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 November 25, 2014



Signature of a member or authorized representative of a member

David Robert Ramirez

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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