

L13000142684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

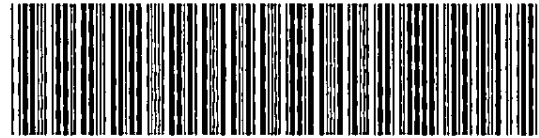
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 17 AM 8:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIMPLE INVESTMENT SOLUTIONS, 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:

LESLIE VARGAS

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

SIMPLE INVESTMENT SOLUTIONS, LLC

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

9112 LIMETREE LANE

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

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

jrmoneysolutions@gmail.com

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

For further information concerning this matter, please call:

JUAN URBINA

305 753-7393  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF DEFENSE  
FALLAH/ASST. SEC. (DND)  
17 NOV 17 AM 3:40  
Classified

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

Page 1 of 3

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          | LESLIE VARGAS | 9112 LIMETREE LANE       | <input checked="" type="checkbox"/> Add |
|              |               | PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
| MGR          | GRACE D SOLIS | 730 86TH ST              | <input checked="" type="checkbox"/> Add |
|              |               | MIAMI BEACH, FL 33141    | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |

17 NOV 17 AM 8:40

177 NOV 17 AM 8:40

SECRETARY OF STATE  
FALLAHASSIE, LLOYD

(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)

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 NOVEMBER 13TH, 2017

Signature of a member or authorized representative of a member

JUAN URBINA

Typed or printed name of signee