114000037426

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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	ect: Sim	ply Gourmet Name of Limi	ted Liability/Company	
The en	nclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	nce concerning this matter t	to the following:	
		Carol	MonRo C Name of Person	
		,	1 Granet Coff Firm/Company	lee
		2321	The Oaks Blvd. Address	
	_	Kissin simply a	Oity/State and Zip Code Aux met 4 @ yahm o be used for future annual report notifi	.com
For fu	rther information conc	erning this matter, please ca	Q	cauon)
	CARS Name of Pe	1 monroe	at (321) 443-49 Area Code Daytime	Telephone Number
Enclo	sed is a check for the f	ollowing amount:		/
□ \$2	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

e of the Limited Liability Company, is it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L14000037426 Florida document number 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager			
itle	uthorized Member Name	<u>Address</u>	Type of Action
	· · · · · · · · · · · · · · · · · · ·		
5.	CAROL Monroe	2321 The Vako B Vad	🖸 Add
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aměnd	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
	date, if other than the date of filing:
ted	18 June 2014.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	CAROL Monroe
	Typed or printed name of signee

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Filing Fee: \$25.00

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