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K.SALY EXAMINER SEP 11 2014

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Simpl	ified Luxury. LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	g.			
Please return all corr	espondence concerning this	matter to the followin	g:			
Jay Westerlund						
_	Name of Person		_			
Simplified Luxu	ry. LLC					
	Firm/Company		_			
12801 Renaissa	ance Way					
	Address		_			
Fort Myers. FL	33912					
	City/State and Zip Code		_			
jay@simplifiedi	uxury.com					
E-mail address:	(to be used for future annu	al report notification)	_			
For further informati	on concerning this matter, p	blease call:				
Jay Westerlund		239	216-1211			
Na	me of Person	Area Code	Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:					
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	iant to section 605.0209, F.S., this document is being submitted to correct a previously/filed/document. Simplified Luxury. LLC The name of the limited liability company is:				
<u>SECOND</u> :	The Florida Document number of the limited liabile Document to be corrected is: Articles of Organization				
1	CHECK THE APPROPRIATE BOX AND COMPLET	E THE APPLICABLE	STATEMENT		
cor	ntains an incorrect statement. The incorrect statement, rected statement are as follows: Article IV - Change MbR from Gragey. Incorrect first				
cor	as defectively signed. The manner in which the docum rection are as follows:	ent was defectively sig	gned and the appropriate		
<u>OR</u>	<u>L</u>				
☐ The	e electronic transmission of the record was defective.	9-2-14	<u> </u>		
Signati	re of Authorized Representative	Date			

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)