11400124559

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(City/Clate/Zip/Filotte #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Cadillad Casina	O-Miliana at 6	N
Certified Copies	Certificates of S	otatus
Cassial last wet		
Special Instructions	to Filing Oπicer:	
		İ

Office Use Only



900331555669

Amend

AUG 1 5 2019

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply ABA Library 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:
Jordan Boudreau Simply ABA PANAMMANA
Firm/Company
1765 SW Capacins Place
Palm C: ty FL 3490 City/State and Zip Code Sboudreau@ABA FOUNDATIONS, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jardan Bardreas at (31) 497 0555 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Securificate of Status Securificate of Status Certificate of Status Securificate of Status Secur

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



July 24, 2019

JORDAN BOUREAU 1765 SW CAPTAINS PLACE PALM CITY, FL 34990

SUBJECT: SIMPLYABA LLC Ref. Number: L14000124559

We have received your document for SIMPLYABA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00015091

TO ARTICLES OF ORGANIZATION OF

Simply ARA	LLC	• •		
(Name of the Limite	d Liability Company (A Florida Limited Liab	as it now appears on o	ur records.)	 -
The Articles of Organization for this Limited Li Florida document number	ability Company we	ere filed on <u>Mar</u>	- 40, 2016	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the w Enter new principal offices address, if application of the application of the address MUST BE A STREE	able: _	Company," the designa	tion "LLC" or the al	obreviation "L.L.C."
Enter new mailing address, if applicable:	-			[3]
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u> _			
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our	records, enter	the name of the
Name of New Registered Agent:	Jorda	n Bou	dreav	
New Registered Office Address:	1745	SW (apt	ains PL	
	Palm C	City	Florida	34790 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 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.

If Changing Registored Agent, Signature of New Registered Agent

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jordan Boudreau	1076 SE Fleming Way	X Add
		Address 1076 SE Fleming Way Stuart, FL 34997	Remove
			Change
			Add
			Remove
			Change
			□ Add
			C Remove
			_□ Change
		······································	D Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
			□ Add
			_□ Remove
			_□ Change

-	
_	
_	
-	
•	
-	
-	
-	
•	
-	
·-	
_	
•	
•	
•	
	we date if other than the date of filing: $\frac{7}{1} / \frac{1}{2} = \frac{9}{1}$ (optional)
E. Effect	(optional)
(If an ef)	ective 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)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
If the re	ord 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.
	July 11 90
Dated	7-4-4
	()
	- HUMMEN X9CKING
	Signature of a member of authorized representative of a member
	Town of CIC Mar on a ic
	TO WILLOW THE JOINTO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00