21400051001

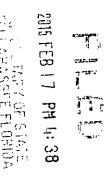
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



200269144712

02/17/15--01042--007 **30.00



FEB 20 2015 1. BRUCE

COVEŘ LEŤTER

TO: Registration Section
Division of Corporations

. ...

SUBJECT:	of Sw Florida LLC					
	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	-				
	Saily Almaguer					
		Name of Person		•		
	Simplex of Sw Florid	da LLC				
		Firm/Company		-		
	4628 26th St Sw					
		Address		-		
	Lehigh Acres , Florid	da 33973		34 c	2015	
		City/State and Zip Code		7.2	837 B	-1985
	simplexofswfl@gmai	I.COM to be used for future annual report notifi		11 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	î
For further information of	oncerning this matter, please c	•	cation)	RY D	7 PM	
Saily Almaguer	oncerning and matter, prease c	239 491-5488		FLUSIA FLUSIA	H 4: 3	•
Name o	f Person	at () Area Code Daytime	Telephone Number	- 35- 1	õ	
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stati		

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

Simplex Of Sw Florida LLC	C			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L14000151001</u>	Liability Company	were filed on September 26,2014	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and end with the	e words "Limited Liab	pility Company." the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if appli		4628 26th St SW		
(Principal office address MUST BE A STRE	ET ADDRESS)	Lehigh Acres, Fl 33973		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4628 26th St Sw Lehigh Acres, Fl 33973		
B. If amending the registered agent and registered agent and/or the new registered of				
Name of New Registered Agent:	Saily Almag	guer	ARY O	
New Registered Office Address:	4628 26th S	St Sw Enter Florida street address		
	Lehigh Acre		္ႏိုးုံ ငစ	
		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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barbara Llerena	725 Clemwood Ave S	
		Lehigh Acres, Fl 33974	Remove
···			
			☐ Remove
		<u> </u>	□ Add
			Remove
		-	Remove 2015
	<u>,</u>		Add Remove
			Add
			Remove

amending any other informa	tion, enter change(s) here: <i>(Attach ad</i>	ditional sheets, if necessary.)
·		
ffective date, if other than the he effective date must be specific, cannut he date this document is filed by the Flo	date of filing: ot be prior to date of receipt or filed date and can brida Department of State)	_ (optional) not be more than 90 days after
Feb 10	2015	
rated		
	Signature of a member or authorized represent	ntive of a member
Saily Almaguer	, /	
	Typed or printed name of signs	AA

Page 3 of 3

Filing Fee: \$25.00

