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Office Use Only



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DIAISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Gigales Company, LLC Sume 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:
Mellissa Gill Name of Person
Simply Cargales Company, LLC
364 SE 37 TErrace
Homestead, FL 33033 City/State and Zip Code heliof Simply giggles company com E-mail address: the be used for future annual report notification)
helion Simplygiggles company com E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Mellissa Gill at (305) 283 · 6477 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$555.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\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

Simply Giggle (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{-150000247}$.	y were filed on DI 6 DOKS and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "L.I.C." or the abbreviation "L.IC."
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)	23
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ı:</u>

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Nicolas Chancy	364 SE 3.7 Terrace Homestead, FL	₩ Add
NUTE		Homestead, FL	□ Remove
		33033	Change
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			Remove
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ecti	ve date, if other than the date of filing: 15 17 (optional) 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 605,020
)te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
	and the same of th
ned .	Fuly 5th 2017
	Signature of a member or authorized representative of a member
	MELLISSA GILL Typed or printed name of signee

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Filing Fee: \$25.00