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S Warren JUN 1 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE SIMM	er FIGLE	s, LLC	<u> </u>			
(<u>Name of the Limit</u>	(A Florida Limited	ny as it now appears on Liability Company)	our records.			
The Articles of Organization for this Limited L		were filed on	9-2015	8	and assig	ned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or th	e abbrevia	tion "L.L.	C."
Enter new principal offices address; if applic	able:				•	
(Principal office address MUST BE A STREE	ET ADDRESS)				Carlo	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		ffice address on ou	r records, ent	MARCIARY OF STATE		T T T T T T T T T T T T T T T T T T T
registered agent and/or the new registered o	ffice address her	<u>·e</u> :	, 			
Name of New Registered Agent: New Registered Office Address:	TA21 18360 BOCA	WOLDE CORAL (HAS Enter Florida si RA70 J City	R E DR. ree1 address , Florida	_33	498	
		Cuy		Zij	Cour	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Address Title** Name 18360 CORAL CHASE OR BOCA RAGE Add TALL WOLDER MGR ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add _□ Remove ☐ Change □ Add _□ Remove _□ Change _ Add ☐ Remove Remove Change

J. II am	nending any other information, (enter change(s) here: (Attach addition	ai sneets, y necessary.)
		<u>-</u>	
			· · · · · · · · · · · · · · · · · · ·
			·
<u>Note</u>	ctive date, if other than the date effective date is listed, the date must be spect. If the date inserted in this block doment's effective date on the Departn	es not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3)(requirements, this date will not be listed as the
f the re b) Th	record specifies a delayed effe ne 90th day after the record is	ctive date, but not an effective tires filed.	me, at 12:01 a.m. on the earlier of:
Date	ed JUNE 6	,20/6.	
	Signal	ture of a member or authorized representative of	f a member
		1 Amos	SSEE.
	,	Typed or printed name of signee	STI TO TO
		Page 3 of 3	3: 39 STATE ORIDA

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