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FEB 2 5 2015 T. HAMPTON

COVER LETTER * *

TO: Registration Section Division of Corporations
SUBJECT: Simple Construction Solutions. 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:
Anianne Garcia Name of Person
Simple Construction Solutions. Firm/Company
5436 NW South Crisina CM.
City/State and Zip Code Virtual Assistants Rus @ live. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 1772 Azu-4229 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (cadditional 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

		Jolutians	LIC
(Name of the Limited Liab (A Flor	<mark>oility Company as it now</mark> rida Limited Liability Con	appears on our records. ipany))
The Articles of Organization for this Limited Liability Florida document number <u>L1500005</u>	Company were filed	on 192	015 and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability comp	any here:	
The new name must be distinguishable and end with the words	Limited Liability Compar	ny," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			TALES
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			0R. 25
			DE O
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ess on our records,	enter the name of the new
Name of New Registered Agent:		**************************************	
New Registered Office Address:	E	nter Florida street address	
	<u> </u>	, Floi	rida
	City		гір Соде

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 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 = Ma AMBR = Au	inager thorized Member		
<u>Title</u>	Name	Address	Type of Action
President.	Arianne Garcia	54360 NW Soun Crisma Cir	Add
		Port St. Wil FU 34986	<u> </u> □ Remove
			
			Add
			□ Remove
•			Remove
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		T. ORIDA	To the conversion of the conve
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Page 3 of 3

Filing Fee: \$25.00