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### **COVER LETTER**

A CLEAN U <b>BJECT:</b>	PLACE TO PLAY LLC.				
Name of Limited Liability Company					
ha analosad Artislas of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter	•			
	MATTHEW D. ALLEN				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	SIMPLIFIED HOME SER	VICES LLC.			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	3959 VAN DYKE RD ST	E 224			
		Address			
	LUTZ, FLORIDA 33558				
		City/State and Zip Code			
	dan@simplifiedhomeservic	es.com to be used for future annual report notifi	cation)		
or further information of	concerning this matter, please ca		<b>Ga</b> ,		
AATTHEW D. ALLEN	1	813 466-0404			
Name (	of Person	at () Area Code Daytime	Telephone Number		
nclosed is a check for t	he following amount:				
3 \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose		

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

## A CLEAN PLACE TO PLAY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2015 and assigned Florida document number L15000019377 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIMPLIFIED HOME SERVICES, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cn

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

# 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Change
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f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be pr lock does not meet the app	ior to date of filing or a licable statutory filin	nore than 90 days after: ng requirements, this	filing.) Pursuant date will not b	to 605,02 se listed a
document's effective date on the D	epartment of State's recor	ds.			
e record specifies a delaye The 90th day after the rec		not an effective	time, at 12:01 a	.m. on the (	earner
Dated May 11	2015				
MILK W	7	·			
INDER	Signature of a member or at	thorized concentation	n of a mambar		
	Signature of a member of at	idiorized representanty	e or a memoer		

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Filing Fee: \$25.00