

L150000 27696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

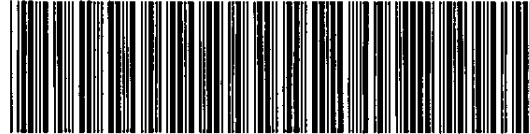
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900272177039

04/28/15--01031--015 \*\*25.00

FILED  
15 APR 28 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Name Change of SIMPLE LIVING LIFESTYLE LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daphne R Wilson  
Bell Financial LLC  
7750 Okeechobee Blvd  
#4-108  
West Palm Beach, FL 33401  
E-mail address: [simplelivingllc@yahoo.com](mailto:simplelivingllc@yahoo.com)

For further information concerning this matter, please call:

Daphne R Wilson at (773) 600-0014

Enclosed is a check for the following amount: \$25.00 Filing Fee.

Mailed to:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIMPLE LIVING LIFESTYLE 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 2/9/2015 and assigned Florida document number L15000023696

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BELL FINANCIAL LLC

The new name must be distinguishable and end with 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)

7750 Okeechobee BLVD

#4-108

WEST PALM BEACH, FL 33411

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7750 Okeechobee BLVD

#4-108

WEST PALM BEACH, FL 33411

**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

City

Florida

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**

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

1  
APR 28  
APR 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

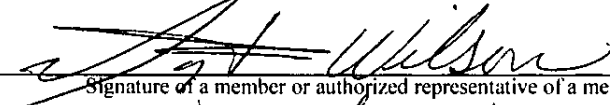
Correction of Zipcode for business  
And Authorized person should  
be 33411 (instead of 33401)

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/20, 2015



Signature of a member or authorized representative of a member

Daphne K. Wilson

Typed or printed name of signee

FILED  
15 APR 28 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA