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# **COVER LETTER**

## TO: Registration Section Division of Corporations

My Simple Agent LLC

SUBJECT:

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:

Jean Dorrielan

Name of Person

My Simple Agent LLC

Firm/Company

4200 Community Dr 1811

Address

West Palm Beach, Fl 33409

City/State and Zip Code

jeand@mysimpleagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🛢 -\$25.00 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 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 A	AMENDMENT
ARTICLES OF O	RGANIZATION 2015 HAY 20
My Simple Agent LLC	TALLARDON OF STATE
(Name of the Limited Lisbility Compared (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000026463</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
My Simple Agent LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3050 Congress Park drive 511
(Principal office address MUST BE A STREET ADDRESS)	Lake worth Fl 33461
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	3050 Congress Park drive 511
(Mailing address MAY BE A POST OFFICE BOX)	Lake worth, Fl 33461
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	_

New Registered Office Address:		Ì1
	Ente	er Florida street address
·	Lake worth	Florida <sup>33461</sup>
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

t.

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.

<u>FONTI LNC</u> UNCI Il Chonging Registered Agent, Signature of New Begistered Agent

Page 1 of 3

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

# MGR = Manager AMRR = Authorized Member

<u>Title</u>	Name	Address Type of A	ction
MGR	Fontiche, Lundi	3050 Congress Park drive 511 Lake Worth 3346	
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	02/07/2015
an effectiv	(Antional) re 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 605.0207 (3)
ote: If il xument'	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
	•
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The 90	, <i>0</i>
	Signature of a momber or authorized representative of a member

i.

Page 3 of 3 Filing Fee: \$25.00

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

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