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COVER LETTER

	ion Section of Corporations
SIMI SUBJECT:	PLI, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Douglas Dunks
	Name of Person
	Officiant Doug, LLC
	Firm/Company
	7137 Melissa Elaine Dr
	Address
	Panama City Beach, FL 32407
	City/State and Zip Code
	doug@officiantdoug.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Douglas Dunks	850 276-3314 at ()
N	lame of Person Area Code Daytime Telephone Number
Enclosed is a check	s for the following amount:
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SIMPLI, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recorda Limited Liability Company)	ds.)	
The Articles of Organization for this Limited Liability (Company were filed on March 2, 2015	and ass	gned
lorida document number L15000037800			
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	nited liability company here:		
Officiant Doug, LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
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nter new mailing address, if applicable:			ļ
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Mailing address MAY BE A POST OFFICE BOX)		,,¬¬	U
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If amending the registered agent and/or registered agent and/or the new registered office add		ls, <u>enfer the name o</u>	of the
gastered agent andror the new registered office add	ress here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre.	SS	
		lorida	
	City	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 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>	Address	Type of Action
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			□ Remove
			□ Remove
			Change
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			Remove
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Signa	ture of a member or authorized re	presentative of a member	3 2011		<u> </u>
Dateu	,			2610	
Dated June 10	2016				
ne record specifies a delayed effe The 90th day after the record i	ective date, but not an e s filed.	ffective time, at 12	:01 a.m. o	n the e	arlier of:
document's effective date on the Departi	ment of State's records.				
Effective date, if other than the date If an effective date is listed, the date must be spote: Note: If the date inserted in this block d	oes not meet the applicable sta	of filing or more than 90 da tutory filing requiremen	(optional) ys after filing.) its, this date w	Pursuant to vill not be	605.0207 (listed as t
	June 10, 2016				
					
					
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Filing Fee: \$25.00