

L15000081716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

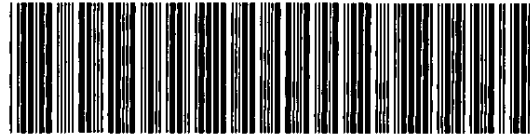
(Business Entity Name)

(Document Number)

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2015 SEP 28 P 2:20  
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TALLAHASSEE, FLORIDA

SEP 29 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SIMMONS MOTORS LLC**

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:

MICHAEL N SIMMONS SR

Name of Person

SIMMONS MOTORS LLC

Firm/Company

1258 EAST HILLSBOROUGH AVE

Address

TAMPA FL 33647

City/State and Zip Code

MSIMMONS@SIMMONSMOTORS.COM

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

For further information concerning this matter, please call:

MICHAEL N SIMMONS SR

813 8080458  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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**

SIMMONS MOTORS 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 05/08/2015 and assigned  
Florida document number L15000081716.

This amendment is submitted to amend the following:

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

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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CRIDA

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>	<u>Type of Action</u>
MGR	MICHAEL N SIMMONS SR	1258 EAST HILLSBOROUGH AV	<input checked="" type="checkbox"/> Add
		TAMPA FL 33604	<input type="checkbox"/> Remove
		8138080458	<input type="checkbox"/> Change
MGR	MICHAEL N SIMMONS JR	1258 EAST HILLSBOROUGH AV	<input type="checkbox"/> Add
		TAMPA FL 33604	<input checked="" type="checkbox"/> Remove
		8138080458	<input type="checkbox"/> Change
AMBR	MICHAEL N SIMMONS JR	1258 EAST HILLSBOROUGH AV	<input checked="" type="checkbox"/> Add
		TAMPA FL 33604	<input type="checkbox"/> Remove
		8138080458	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 DEPT. OF REVENUE

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

*Robert J. Smith*

MICHAEL N SIMMONS JR

FILED  
2015 SEP 28 P 2:30  
CLERK OF DISTRICT COURT  
STATE OF MONTANA  
BUTTE