## L15000101912

(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



200280260352

12/21/15--01040--020 \*\*25.00

TILED 2015 DEC 21 P I: I'U SECRETARY OF STATE

DEC 22 2015

8 MASON

## **COVER LETTER**

	egistration Sec vision of Corp					
CUDIECT		npson, Sr., LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspor	dence concerning this matter	to the following:			
		Mark T. Simpson				
			Name of Person			
			Firm/Company			
		502 NE 19th Ct.				
			Address			
		Cape Coral, FL 33909				
			City/State and Zip Code			
		realty.teamsimpson@gmail	.com to be used for future annual report notif	ication)		
For further	information co	ncerning this matter, please co	·			
Cynthia J. Simpson		239 878-8289 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for the	e 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

Mark T. Simpson, Sr., LLC			
(Name of the Limited Liability C (A Florida Lin	company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number $\frac{L15000101912}{L15000101912}$ .	pany were filed on Jur	ne 11, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	ere:	
Team Simpson, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	and office address on	our records enter th	as name of the nex
registered agent and/or the new registered office address		our records, enter th	d name of the ne.
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 A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen	plete performance of	my duties, and I am fan	niliar <u>with</u> and

If Changing Registered Agent, Signature of New Registered Agen

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 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
AMBR	Cynthia J. Simpson	502 NE 19th Ct.	■ Add
		Cape Coral, FL 33909	□ Remove
			Change
	<del></del>		Add
			□ Remove
			Change
		<del> </del>	□ Add
			☐ Remove
			Change
			Add
		-	□ Remove
			Change
<del></del>			□ Add
			Remove  Change  ASSET  DATA  DATA
			Remove

If amending any o	ther information, en	ter change(s) here	e: (Attach addition	al sheets, if necessa	ry.)	
	1		ı			
			,			
<del> </del>						
			······································	· · · · · · · · · · · · · · · · · · ·		
				,		
<u></u>						
<u> </u>	<u></u>					
		······································	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	······································					
Effective date, if of	ther than the date of sted, the date must be specif	filing: January 1, 2	2016	(optiona	D)	
Note: If the date ins	erted in this block does to date on the Departmen	not meet the applica	able statutory filing r	e than 90 days after fifth requirements, this dat	e will not be liste	.020 ed a:
	es a delayed effecti ofter the record is f		t an effective tin	ne, at 12:01 a.m	. on the earlie	er c
December 17		2015				
	Mark 1	Sman		a member	<u>.                                    </u>	
	, ,	or a member or autho	orized representative of	a memoer in the second	T	
Mark T. S	Simpson	Typed or printe	d name of signee	ASS.	<u> </u>	
		Ni se es banno	<b></b>	m-<		
		Page	3 of 3	L STA	<del></del> E	
		Filing Fo	ee: \$25.00	5m	F	