L15000108400

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

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Smart Simple Systems LLC
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FILING:
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Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Simple Systems, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Torida document number <u>L16000108400</u>	were filed on <u>06/22/2015</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
		···· co
"he new name must be distinguishable and contain the words "Limited Liabi	First Commentary Mills Andrewson MILL C"	or the abbreviation "1.1.6"
The new name must be distinguishable and contain the words. Limited Liabi	my company, the designation left	S
	218 E. Bearss Ave.	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	218 E. Bearss Ave.	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	218 E. Bearss Ave. Suite 335	
Enter new principal offices address, if applicable:	218 E. Bearss Ave. Suite 335 Tampa, FL 33613	3- FF

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 addres	,
	, Fl	p rida Zip Cook

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

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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>	Name	Address	Type of Action
			O Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			O Add
			€ ■ Remove
			E Change
			Odd
			O Add
		<u></u>	Change
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			C Remove
		<u> </u>	🗖 Change
			Add
			🗇 Remove
			Change

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

Dated	October 31	2018		
		RAL		
	<u> </u>	Signature of a member or authorized representative of a member		
	<u></u>	Brandon Middleton		
	Typed or printed name of signee			

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Filing Fee: \$25.00