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COVER LETTER

0 Simo	onton Street, LLC
30B0EC1.	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Richard McChesney
	Name of Person
	Spottswood, Spottswood & Spottswood
	Firm/Company
	500 Fleming Street
	Address
	Key West, Florida 33040
	City/State and Zip Code
	richard@spottswoodlaw.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Richard McChesney	
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check:	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

0 Simonton Street LLC		
(Name of the Limited I (A l	jability Company as it now appears on our records.) Porida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on August 17, 2015	and assigned
Florida document number L15000138640		-
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Zero Simonton Street, LLC		
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>X</i>)	e on
		5
	 	F. 52 10 51 10 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or	registered office address on our records, en	nter the name of the new
registered agent and/or the new registered office	address here:	F. 75 0
Name of New Registered Agent:		ST -
New Registered Office Address:	Enter Florida street address	
	taner From ma siveer andress	
-	, Florid	
	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
AMBR	Douglas J. MaGrath, Jr.	3623 Eagle Avenue	
		Key West, Florida 33040	□ Remove
			Change
AMBR	Felix Wiggins	3623 Eagle Avenue	□ Add
		Key West, Florida 33040	Remove
			<u>.</u> ⊕ A dd
			Remove •
			□ Remove
		 	Change
			Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			□ Change

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