

L15000173695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

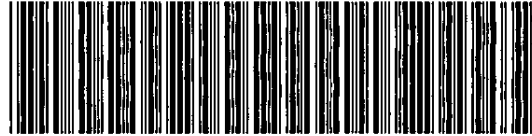
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. Sign

Office Use Only



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10/26/15--01025--021 **25.00

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2015 NOV -6 A 11:08

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

NOV 09 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2015

SHIKO GELB
3075 W. OAKLAND PARK BOULEVARD
OAKLAND PARK, FL 33311

SUBJECT: SIM15 LLC
Ref. Number: L15000173695

We have received your document for SIM15 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00022754

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIM15 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:

SHIKO GELB

Name of Person

Firm/Company

3075 W OAKLAND PARK BLVD

Address

OAKLAND PARK, 33311

City/State and Zip Code

MGMT.MIM@GMAIL.COM

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

For further information concerning this matter, please call:

SHIKO GELB at (954) 7948354

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**

SIMIS 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 10/12/2015

Florida document number L15000173695

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: SNS REAL ESTATE MANAGEMENT LLC

New Registered Office Address: 3075 W OAKLAND PARK BLVD #200

Enter Florida street address

OAKLAND PARK, Florida 33311

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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LABASSEE, FLORIDA

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	S.N.S real estate investment	po box 4175	<input type="checkbox"/> Add
		fort lauderdale, fl, 33338	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	S.N.S real estate management	PO BOX 4175	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL, 33338	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

SHIP 6663

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TALLAHASSEE, FLORIDA