

L16000018540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

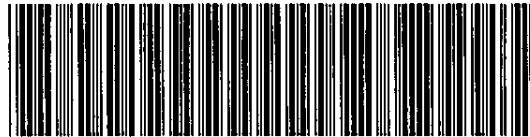
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300281819873

02/15/16--01013--029 **25.00

100

16 FEB 15 AM 11:45

100

FEB 17 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2016

LISA PEREZ
4701 SW 45TH STREET
BUILDING 11, BAY 31, 33
DAVIE, FL 33314

SUBJECT: AUTO SIMPLIFY LLC
Ref. Number: L16000018540

We have received your document for AUTO SIMPLIFY 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 must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00003187

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Simplify 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:

Lisa Perez

Name of Person

Auto Simplify LLC.

Firm/Company

4701 SW 45th Street Building 11, Bay 31, 33

Address

Davie, FL. 33314

City/State and Zip Code

autosimplify@outlook.com

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

For further information concerning this matter, please call:

Lisa Perez

615

554-6726

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**

Auto Simplify 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 January 26, 2016 and assigned
Florida document number L16000018540.

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:

~~Lisa Perez~~

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

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	Cleous Hamilton		☐ Add
		4701 SW 45th Str. Building 11, Ba	☒ Remove
			☐ Change
MGR	Lisa Perez	4701 SW 45th Str. Building 11, Ba	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 FEB 15 AM 11:45
OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
OF THE STATE OF
FLORIDA

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

This amendment serves to remove Mr. Cleous Hamilton from the Articles of Organization for LLC. specific to Auto Simplify LLC. Miss. Lisa Perez will remain as agent/owner/ managing member.

15 FEB 15 AM 11:46
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

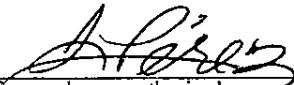
E. Effective date, if other than the date of filing: February. 11, 2016 **(optional)**

(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)

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.

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.

Dated _____, _____.



Signature of a member or authorized representative of a member

Lisa Perez

Typed or printed name of signee