

116000023122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

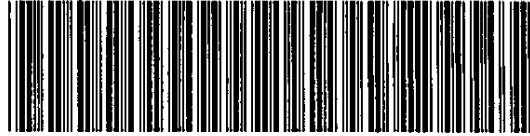
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000289172010

08/18/16--01008--020 **30.00

AUG 19 2016
S. YOUNG

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 AUG 18 PM 1:28

COVER LETTER

TO: Registration Section
Division of Corporations,

SUBJECT: R SIMPSON HOSPITALITY GROUP 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:

Ruth S. Simpson
Name of Person

R Simpson Hospitality Group LLC / DBA Grathis
Firm/Company

2162 The Woods Dr. East
Address

Jacksonville, FL 32246
City/State and Zip Code

rsimpsonhospitality@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth S. Simpson
Name of Person

at (904) 382-0927
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

16 AUG 18 PM 1:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R SIMPSON HOSPITALITY GROUP 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 February 2nd 2016 and assigned Florida document number L16000023122.

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:

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	Ruth S. Simpson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2162 The Woods Dr. E Jax, FL 32246	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 18 PM 1:28


16 AUG 18 PM 1:22

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
16 AUG 18 PM 1:28

(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)

Dated August 15th, 2016

August 15th, 2016



(Signature of a member or authorized representative of a member)

Ruha S. Simpson
Typed or printed name of signer

Clarification on Change Requested:

Just to clarify. I am currently listed on Sunbiz.org as the Authorized Representative of my company instead of the Manager. I would like to change my title from Authorized Representative to Manager so that I can open a business bank account.

Please let me know if you need any further clarification via cell phone @ (904) 382-0927

Warmest Regards,

Ruth S. Simpson
Owner, R Simpson Hospitality Group LLC
D.B.A. Gratis

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 AUG 18 PM 1:28