

L16000026763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

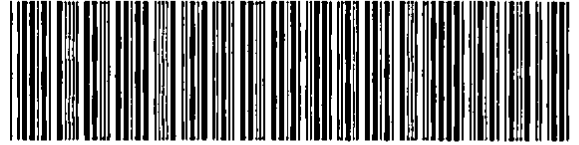
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 15 PM 2:33

Amend/Name Chan

FEB 26 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMMER Food Management, 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:

Justin Rison
Name of Person

SIMMER
Firm/Company

45 West Smith St.
Address

Winter Garden, FL 34787
City/State and Zip Code

info@transit4u.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Rison at (407) 779-5983
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

FILED
STATE
DIVISION OF CORPORATIONS
10 FEB 16 PM 2:33



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2019

JUSTIN RISON
SIMMERS
45 WEST SMITH ST
WINTER GARDEN, FL 34787

SUBJECT: SIMMERS FOOD MANAGEMENT, LLC
Ref. Number: L16000026763

We have received your document for SIMMERS FOOD MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00000933

RECEIVED
2019 FEB 15 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL

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

Simms Food Management, 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 2/08/2016 and assigned Florida document number L16000024763.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Forty-five West, 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:

(Principal office address MUST BE A STREET ADDRESS)

45 West Smith St.

WATER GARDEN, FL 34787

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>
<u>Mr</u>	<u>RON HERMAN</u>	<u>45 WEST SMITH ST</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL 34787</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Mrs</u>	<u>ERIN RISON</u>	<u>14364 BLACK OAK PK.</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL. 34787</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Arthur D. Rogers

Justin A. Rison

Typed or printed name of signee