116000030981

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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Simple Expe	erts LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		John Irving		
			Name of Person	
		Simple Experts LLC		
		 	Firm/Company	
		4706 Coconut Creek Parkw	vay	
		***	Address	
		Margate, FL 33093		
			City/State and Zip Code	
		john@simpledirectmail.com		
		E-mail address: (to	o be used for future annual report notific	ation)
For further is	nformation co	ncerning this matter, please ca	11:	
John Irving			954 9986245	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 F	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

Simple Experts LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records. led Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 2/15/2016	and assigned
Florida document number L16000030981		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Simple Xperts LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	# B
		No I
		i U
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ii o
B. If amending the registered agent and/or registered		enter the name of the ne
registered agent and/or the new registered office address l	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
regulated Silies Fiduless.	Enter Florida street address	
	Plac	da.
	, Floi	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>	Name	Address	Type of Action
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change Remove
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			☐ Remove
			Change
			□ Add
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			□ Change
			□ Remove
			Change

If amending any other information, enter change(s) her	re: (Attach additional sheets, if necessary.)
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Martin territoria de la compania de	
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's recorder.	cable statutory filing requirements, this date will not be listed as the control of the control
the record specifies a delayed effective date, but no) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated February 16 2017	
JAA,	 ·
Signature of a member or auti	horized representative of a member
John Irving	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00