## 11600040723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
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## COVER LETTER •

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT: Simp	Southern S Name of Lim	itting - Florida St	ryle, LLC	
	mendment and fee(s) are sub	*		
ricase return an correspond	ence concerning this matter	to the following.		
	<u>Lisa W</u>	lingfield Name of Person		
	Simply Son	Lithern Sitting Firm/Company	<del></del>	
	1984 N	IE 80th Place	18 E	
	Dealg,	FL 34479  City/State and Zip Code		FILED
	150 Windf E-mail address (t	to be used for future annual report notifi	cation) S	5
For further information con-	cerning this matter, please ca	all:	. <u>&gt;</u>	1
Lisa Wig	nafield erson	at ( <u>AlQ)</u> <u>LoDH</u> -	- 3477 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)	
Registrati	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building	l .	
7.0.000		Cition Dunding		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L1000040723</u> 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

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.

New Registered Agent's Signature, if changing Registered Agent:

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager

AMBR = A	AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
		<u> </u>	☐ Remove			
			□ Change			
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
. ङ   ता	
E. Effective date, if other than the date of filing: 1012018 (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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.	of:
Dated	
Lisa Wingfield Typed or printed name of signee	

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Filing Fee: \$25.00