

116 0000 40723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

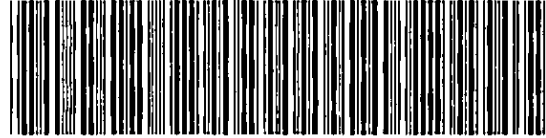
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600371282246

08/09/21--01019--003 **60.00

FILED
2021 SEP 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FL

9/11/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

TINA M. STRICKLAND
1013 NE 14TH STREET
OCALA, FL 34470

SUBJECT: SIMPLY SOUTHERN SERVICES LLC
Ref. Number: L16000040723

We have received your document for SIMPLY SOUTHERN SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott
Document Specialist II

Letter Number: 221A00020075

RECEIVED

SEP 01 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLY SOUTHERN SERVICES 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:

TINA M STRICKLAND

Name of Person

SIMPLY SOUTHERN SERVICES LLC

Firm/Company

1013 NE 14TH STREET

Address

OCALA/FLORIDA 34470

City/State and Zip Code

tina.simplysouthern@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 11 PM 1:03

FILED

For further information concerning this matter, please call:

Tina M Strickland

352

425-9537

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SIMPLY SOUTHERN SERVICES 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 2-26-2016 and assigned
Florida document number L16000040723.

This amendment is submitted to amend the following:

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

SIMPLY SOUTHERN SERVICES 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)

1013 NE 14TH STREET

OCALA, FLORIDA

34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1013 NE 14TH STREET

OCALA, FLORIDA

34470

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:

CAROLYN B WRIGHT

New Registered Office Address:

1013 NE 14TH STREET

Enter Florida street address

OCALA

City

Florida 34470

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
201 SEP 1 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FL

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

1. MEMBERSHIP INTEREST:

CAROLYN B WRIGHT - 51%

TINA M STRICKLAND - 24.5%

LISA L WINGFIELD - 24.5%

2. IN THE EVENT OF CAROLYN B WRIGHT'S DEATH, HER MEMBER INTEREST OF 51%

SHALL BE DIVIDED EQUALLY BETWEEN TINA M STRICKLAND AND LISA L WINGFIELD.

3. IN THE EVENT OF TINA M STRICKLAND'S DEATH, HER MEMBER INTEREST AT TIME OF DEATH

SHALL BE DIVIDED BETWEEN HER CHILDREN, LUKE T STRICKLAND AND

MARISSA K STRICKLAND.

4. IN THE EVENT OF LISA L WINGFIELD'S DEATH, HER MEMBER INTEREST AT TIME OF DEATH

SHALL BE EQUALLY DIVIDED BETWEEN HER 3 CHILDREN, HAILEE L RICH,

LAYCEE S BOUGHTON AND KIRRA L SAPSFORD.

KIRRA L SAPSFORD'S INTEREST SHALL BE HELD AND MANAGED BY LISA'S POA UNTIL AGE 30

IN ACCORDANCE WITH LISA'S ESTATE RECORDS (recommended age).

2021 SEP 11 PM 1:09
FILED
SECRETARY OF STATE
TREASURER
MISSISSIPPI

E. Effective date, if other than the date of filing: 8/5/2021 (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.)

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 August 5, 2021

Carolyn B Wright

Signature of a member or authorized representative of a member

CAROLYN B. WRIGHT

Typed or printed name of signer