1160000 99715

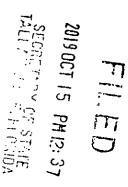
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				

Office Use Only



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Y SULKER OCT 3 1 2019

COVER LETTER

SUBJECT:	Division of Corporations		
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Jar	Smith	
	Si	Name of Person APIY Wellnes Firm/Company	s Kafe
	284	3 SW Brig	ston way
_	Palm Jan E-mail address: (to	City/State and Zip Code Smith 1908 O be used for future annual report notific	3 mail. Com
For further information conce	erning this matter, please cal	II:	
Name of Per	rson	at (<u>561</u>) So 6 - Area Code Daytime 1	7134 Telephone Number
Enclosed is a check for the fo	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Voi	J Wigs LLC
	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Simply Wellness K The new name must be distinguishable and contain the words "Limited Liabili"	^
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)	2843 Sw Brighton WAY Palm City, FL 34990
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	7711
Name of New Registered Agent:	5 7
New Registered Office Address:	Enter Florida street address
	Florida ω
	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>	Address	Type of Action
MGR	Steven Smith	2843 Sw Brighton 6	M To Kid
		Palm City, FL	□ Remove
		34990	☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
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	<u>. </u>									
If an effective Note: If the	date is listed, the date inserted	than the dathed date must be I in this block to on the Depar	specific an does not	d cannot be meet the ap	plicable st	of filing or me autory filing	re than 90 da	(optiona ys after filin its, this dat	g.) Pursuant to	605,0207 (listed as t
		delayed ef the record			not an e	ffective ti	me, at 12	::01 a.m	. on the e	arlier of:
					·					
Dated										
Dated		\sum_{α}	/ · · ·							
Dated		Sig	nature of a	member or	authorized re	presentative (of a member			_

Page 3 of 3

Filing Fee: \$25.00