# 116000148174

(Re	questor's Name)	
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#### **COVER LETTER**

	ision of Corporations				
SUBJECT:	Simple Life properties LLC  Name of Limited Liability Company				
SUBJECT.					
The enclose	Articles of Amendment and fee(s) are submitted for filing.				
Please retur	all correspondence concerning this matter to the following:				
	Paul J. Starshak				
	Name of Person				
	Simple Life Properties LLC				
	Firm/Company				
	3065 Driftwood Way #4206				
	Address	_			
	Naples, FL 34109				
	City/State and Zip Code	<del>_</del>			
	p.starshak@hotmail.com	_			
For further i	E-mail address: (to be used for future annual report notification)  Iformation concerning this matter, please call:				
Paul Starsha					
	Name of Person Area Code Daytime Telephone Numb	per			
Enclosed is	check for the following amount:	<del></del>			
<b>\$25.00</b> ]	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, s cate of Status & ed Copy nal 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 Life Properties LLC.		
(Name of the Limited Liab (A Flori	ility Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L16000148147 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	:
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		5. 5. 5. S.
Mailing address MAY BE A POST OFFICE BOX)		SVI
3. If amending the registered agent and/or reg		ur records, enter the name of the
		17 NDA
Name of New Registered Agent:		<del></del>
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>	Address	Type of Action
Owner	Paul J Starshak	3065 Driftwwod Way #4206 Naple	Add
			☐ Remove
		<del></del>	□ Change
			□ Add
			Remove
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an effective date is listed, the date must be specific and cannot be parter. If the date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 plicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's reco	rds.
	not an effective time, at 12:01 a.m. on the earlier
The soul day after the record is med.	
oted 08 15 2016	
ated	 /
Yauld ta	utof
Signature of a member or a	uthorized representative of a member

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Filing Fee: \$25.00