

L16000187413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

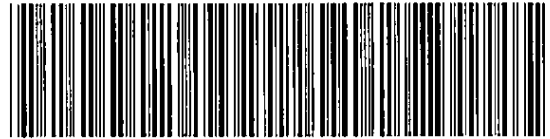
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000439188460

11/08/24--01018--009 **25.00

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2024 NOV -8 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL



Innovative
Accounting
Solutions, Inc.
Customized Bookkeeping Services

9860 N Palafox Street
Pensacola, FL 32534
850-741-3773
www.theaccountingsolution.com

November 1, 2024

TO: Division of Corporations- Registration Section

RE: Simone Sands LLC (*formerly Simone Sells LLC*)
1802 W Garden St, Pensacola, FL 32502

To whom it may concern,

I have attached the Articles of Amendment to change **Simone Sells LLC** to **Simone Sands LLC**.

I am also enclosing a **COPY** of the Fictitious Name Registration form to change the *owner* of Simone Sells (Fictitious Name) from Simone Sells, LLC to Simone Sands, LLC, due to the LLC name change. I have mailed the original to the Fictitious Name Registration Department.

If there are any questions or concerns regarding this matter, please contact me at 850-741-3773.

Thank you,

Serena Ramirez
Innovative Accounting Solutions Inc

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Simone Sells, 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:

Serena Ramirez

Name of Person

Innovative Accounting Solutions Inc.

Firm/Company

9860 N Palafox Street

Address

Pensacola, FL 32534

City/State and Zip Code

info@theaccountingsolution.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Serena Ramirez

850

741-3773

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Simone Sells, 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 10/10/2016 and assigned
Florida document number L16000187413.

This amendment is submitted to amend the following:

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

Simone Sands, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2016 NOV -8 PM 1:43
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TALLAHASSEE, FL

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

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

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TALLAHASSEE, FL

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

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SECRETARIAT OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)
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 October 14 2024

Simone Sands
Signature of a member or authorized representative of a member
Simone Sands Simone Sands
Typed or printed name of signee

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. SIMONE SELLS

Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. 1802 W GARDEN ST

Mailing Address of Business

PENSACOLA

FL

32502

City

State

Zip Code

3. Florida County of principal place of business:

ESCAMBIA

(See instructions if more than one county)

4. FEI Number: 81-4150109



COPY

(Original mailed to Fictitious
Name Registration Dept
with payment)

This space is for office use only
CR4E001 (10/20)

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1.

Last

First

M.I.

2.

Last

First

M.I.

Address

Address

City

State

Zip Code

City

State

Zip Code

B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)

2. SIMONE SANDS, LLC

Entity Name

1802 W GARDEN ST

Address

PENSACOLA

FL

32502

City

State

Zip Code

Florida Document Number: L16000187413

FEI Number: 81-4150109

☐ Applied For

☐ Not Applicable

2.

Entity Name

Address

City

State

Zip Code

Florida Document Number: _____

FEI Number: _____

☐ Applied For

☐ Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Simone Sands

11-1-24

Signature of Owner in Section 2

Date

SIMONE@SIMONESELLS.COM

Email Address: (to be used for future renewal notification)

Phone Number: 850-293-2292

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name SIMONE SELLS

which was registered on 06/02/2017 and was assigned registration number G17000061117

Simone Sands

11-1-24

Signature of Owner of Registration being Cancelled

Date

Signature of Owner of Registration being Cancelled

Date

Mark the applicable boxes



Certificate of Status- \$10



Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50