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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Good Holdings 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:
Evace Stewart Name of Person
Simply Good Company Firm/Company
8040 Sunvise Lakes Dr N 101 Address
Sunvise FL 33322 City/State and Zip Code
QVa(eStewayt_ 1cb@ Vahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CIVACE SHEWAY+ at (513) 465 7933 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTIC	CLES OF O	RGANIZATION	
	Ol	F	2017 FFD - C ()
(Name of the Limite		y as it now appears on our recor ability Company)	~ // h24/
The Articles of Organization for this Limited Lia	bility Company v	were filed on 11 C2 2	2016 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation 'LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	8040 Sunris	E Lakes Dr N 101
Principal office address MUST BE A STREET	*ADDRESS)	Survise FL:	33322
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered office.)	or registered of	Sunvise FL 3	
Name of New Registered Agent:	Grac	e Stewart	
New Registered Office Address:	8040 SL	INVISE Lakes Enter Florida street addr	Dr N 101
	Sunrise	Cîty F	lorida 33322 Zip Code
		CIFY	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Aventura, FL 33180	Remove
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	Signature of	a member or autho	rized representative	of a member	

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Filing Fee: \$25.00