

L16000217592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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18 OCT 29 AM 7:25
ST. LOUIS, MO
FALL RIVER, FLORIDA

K. SALY
NOV 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simms Builders LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Simms

Name of Person

Simms Builders LLC

Firm/Company

2825 Business Center Blvd. Suite D10

Address

Melbourne, FL 32934

City/State and Zip Code

info@simmsbuilders.com

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

For further information concerning this matter, please call:

Chris Simms

321

622-5505

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Simms Builders LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/30/2016 and assigned
Florida document number L16000217592.

This amendment is submitted to amend the following:

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

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)

2825 Business Center Blvd.

Suite D10

Melbourne, FL 32934

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2825 Business Center Blvd.

Suite D10

Melbourne, FL 32934

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:

2825 Business Center Blvd, Suite D10

Enter Florida street address

Melbourne

, Florida 32934

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>
MGR	Chris Simms	2825 Business Center Blvd. Suite D10 Melbourne, FL 32934	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tony Simms	2825 Business Center Blvd. Suite D10 Melbourne, FL 32934	<input checked="" 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

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MELBOURNE, FL 32901

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

Please remove the following titles on the previous Authorized personnel:

Title PRES
Chris Simms

Title SEC
Tony Simms

These individuals are listed as managers in this amendment, please do not duplicate their names -

This request is due to a title change request needed to be in compliance with the LLC Corporation

correct filing.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

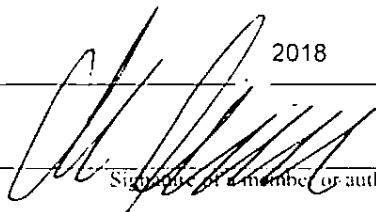
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 24 2018



Signature of a member or authorized representative of a member

Chris Simms

Typed or printed name of signee