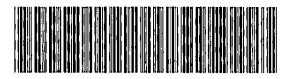
## 16000219520

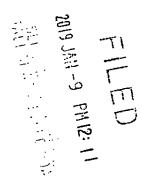
(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: A	ddition of Member	
	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Scott M Smith	
	Name of Person	
	Simple Media Promotions, LLC	
	Firm/Company	
	3050 Norwood Plaza, Unit N112	
	Address	
	Boca Raton, Florida 33431	
	City/State and Zip Code	
	Ilcfilingfl@gmail.com  E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
. or randomic		
Scott Smith	at ( 954 )         348-3969           Name of Person         Area Code         Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
☑ \$25.00 Filin	rig Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Fili	Status &

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

FILED
2019 JAN-9 PHIZ: 11

Simple Media Promotions, LLC (Name of the Limited Liability Company as it now appears on our records The Articles of Organization for this Limited Liability Company were filed on December 05, 2016 and assigned Florida document number L16000219520 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 "LLC." 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) 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

## 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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tara Diane Modeski	3050 Norwood Plaza, Unit N112 Boca Raton, FL 33431	<b>D</b> Add
			□ Remove
			Change
			🗀 Add
			Remove
			Change
		<del> </del>	O Add
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		· · · · · · · · · · · · · · · · · · ·	Change
	<del></del>	<del></del>	Add
			□ Remove
			Change
	<del></del>		
			□ Remove
			Change
	<del></del>	<del> </del>	Add
			Remove
			Change

D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> </del>	
<del></del>	· · · · · · · · · · · · · · · · · · ·
Note: If the da	if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated Decem	ber, 31 2018 .
<del></del>	Signature of a member or authorized representative of a member
<u></u>	Scott M Smith
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00