

L17000015777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

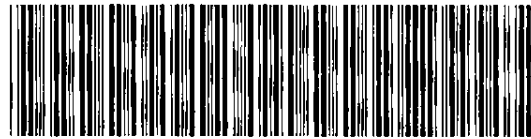
(Document Number)

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Special Instructions to Filing Officer:

Wrong form

Office Use Only



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03/29/17--01014--024 52.47  
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FILED  
APR 3 11:46  
STATE  
FLORIDA

S Warren

APR 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2017

JAMES E. SIMON JR  
1821 SW 97TH TERRACE  
MIRAMAR, FL 33025

SUBJECT: SIMON SOLUTIONS, LLC  
Ref. Number: L17000015777

We have received your document for SIMON SOLUTIONS, LLC and your check(s) totaling \$52.47. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 017A00006144

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIMON SOLUTIONS, 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:

JAMES E. SIMON, JR  
\_\_\_\_\_  
Name of Person  
  
SIMON SOLUTIONS, LLC  
\_\_\_\_\_  
Firm/Company  
  
9031 PEMBROKE ROAD  
\_\_\_\_\_  
Address  
  
PEMBROKE, FL 3325  
\_\_\_\_\_  
City/State and Zip Code  
  
simonsolutionsllc@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James E. Simon, Jr. 954 279-8352  
\_\_\_\_\_  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

(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 January 19, 2017 and assigned  
Florida document number L17000015777.

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)**

9031 PEMBROKE ROAD

PEMBROKE PINES, FL 33025

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1821 SW 97TH TERRACE

MIRAMAR, FL 33025

**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:

JAMES E. SIMON, JR.

New Registered Office Address:

9031 PEMBROKE ROAD

*Enter Florida street address*

PEMBROKE PINES

Florida 33025

*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	JAMES E. SIMON, JR.	1821 SW 97TH TERRACE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN E. SIMON	10450 HAMPTON AVENUE	<input checked="" type="checkbox"/> Add
		STARKE, FL 32091	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JARAN E. SIMON	305 MILLER RD APT. C	<input checked="" type="checkbox"/> Add
		DELAND, FL 32724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED  
JAN 13 4 11 PM '17  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

[illegible]

(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)

(b) The 90th day after the record is filed.

January 10, 2017



Signature of a member or authorized representative of a member

James E. Simon, Jr.

Typed or printed name of signee

FILED  
JUN 13 11:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA