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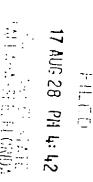
(Re	equestor's Name)	
(Ād	ddress)	
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(Cit	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	-
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
RECEIN 2017 Aug 28 Phirigh Milanasherian		
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Office Use Only



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S. WARREN AUG 2 9 2017

COVER LETTER

	sion of Corp			
SUBJECT:	1202 Simon	ion LLC.		
.,00,000		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		William Jordan		
			Name of Person	
		1202 Simonton LLC		
			Firm/Company	
		1202 Simonton St.		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	
		jord177@yahoo.com E-mail address: (t	o be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	all:	
William Jord	an		305 304-3799 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

1202 Simonton 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 June 7, 2017 ___ and assigned Florida document number L17000124730 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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 __. Florida ___

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>	Address	Type of Action
MGR	Robert Nailsnik Walesnik	1202 Simonton St. Key West, FL 3.	Add
			□ Remove
			☐ Change
MGR I	Robert Nailsnick	1202 Simonton St. Key West, FL 3.	
			■ Remove
			☐ Change
·			□ Add
			□ Remove
			Change
			Remove
			□ Change
			ERemove
	-		17 BRemove
			Add
		-	Remove
			☐ Change

Signature of a member or authorized representative of a member	
Endlandal	7 AUG
d <u>08/22/2017</u>	<u>=</u> ; 7
ne 90th day after the record is filed.	
ecord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier
If the date inserted in this block does not meet the applicable statutory filing requirements, iment's effective date on the Department of State's records.	this date will not be listed
ctive date, if other than the date of filing:	ilter filing.) Pursuant to 605.0
,	

Page 3 of 3

Filing Fee: \$25.00