L17000163134

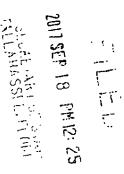
(Reques	stor's Name)
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COVER LETTER

	gistration Sectision of Corp			
SUBJECT:	Simple Airs	oft, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Oscar J. Capote, II		
		-	Name of Person	
		Simple Airsoft, LLC		
			Firm/Company	
		7967 W 28th Avenue		
			Address	
		Hialeah, FL 33016		
			City/State and Zip Code	
		ocapote34@gmail.com	to be used for future annual report notif	
For further i	nformation co	oncerning this matter, please ca	•	ication)
Oscar J. Cap	pote, II		305 302-6448	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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

2017 SEP 18 PM 12: 25

Simple Airsoft, LLC

company has been notified in writing of this change.

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

(A Florida Limited Li	ability Company)	STE FLORIDA
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000163134</u>	were filed on July 31, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 off registered agent and/or the new registered office address here:		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	performance of my duties, and I a	m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Type of Action
AMBR	Oscar J. Capote, II	20026 W Lake Drive	Add
		Hialeah, FL 33015	□ Remove
			☐ Change
AMBR	Alexander Ferrer	17720 NW 84th Avenue	□ Add
		Hialeah, FL 33015	□ Remove
			⊟ Change
AMBR	Franklin Rafael Ygarza	17710 NW 84 Avneue	
		Hialeah, FL 33015	□ Remove
			■ Change
			□ Remove
			Add SSET Change
			□ Remove
			∏ Change

	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	
ument's effective date of the Department of State's records.	
record specifies a delayed effective date, but not a	an effective time at 12:01 a m on the earlier
he 90th day after the record is filed.	an enective time, at 12.01 a.m. on the earlier
	/
ed August 22, 2017	
	,

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00