

L17000163134

(Requestor's Name)

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(City/State/Zip/Phone #)

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2017 SEP 18 PM 12:25
STATE ARCHIVES
TALLAHASSEE, FL 32301

K SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simple Airsoft, 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:

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

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

For further information concerning this matter, please call:

Oscar J. Capote, II

305 302-6448
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Simple Airsoft, LLC

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

FILED
2017 SEP 18 PM 12:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 31, 2017 and assigned
Florida document number L17000163134.

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) _____

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 _____

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>
AMBR	Oscar J. Capote, II	20026 W Lake Drive	<input type="checkbox"/> Add
		Hialeah, FL 33015	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alexander Ferrer	17720 NW 84th Avenue	<input type="checkbox"/> Add
		Hialeah, FL 33015	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Franklin Rafael Ygarza	17710 NW 84 Avneue	<input type="checkbox"/> Add
		Hialeah, FL 33015	<input type="checkbox"/> Remove
			<input checked="" 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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2013 SEP 18 PM 12:28
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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

2017 SEP 18 PM 12:25
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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 August 22, 2017

Signature of a member or author/co-

Oscar J. Capote, II

Typed or printed name of signee