## L17000 169684

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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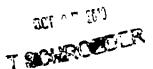




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## **COVER LETTER**

Div	ision of Cor <sub>l</sub>	porations	•	
SURJECT:	SIMIKES I	LC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		YVONNE V SIMMS		
			Name of Person	86-5117  Daytime Telephone Number  & □ \$60.00 Filing Fee. Certificate of Status &
	SIMIKES LLC  Firm/Company  4522 SW 151 PL  Address  MIAMI, FL 33185  City/State and Zip Code  Simikes, Yvonne@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  VONNE V SIMMS  Name of Person  Area Code  Daytime Telephone Number  nelosed is a check for the following amount:  \$25.00 Filling Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (certified Copy)			
		<del>-</del>	Firm/Company	<del></del>
4522 SW 151 PL. Address				
			Address	·····
		MIAMI, FL 33185		
		Simikes.Yvonne@gmail.eo	·	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (	to be used for future annual report no	idication)
For further in	nformation co	oncerning this matter, please ca	all:	
YVONNE V	SIMMS			
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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 Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability (company)	, F		
he Articles of Organization for this Limited L lorida document number 1.17000169684	iability Company	were tiled on 08/09/2017	and assigned		
his amendment is submitted to amend the foll	owing:				
If amending name, enter the new name o	f the limited liab	ility company here:			
ne new name must be distinguishable and contain the v	vords "Limited Liabi	Hry Company," the designation "LLC"	or the abbreviation "LT,C,"		
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		4522 SW 451 PLACE MIAMILEL US 33485			
nter new mailing address, if applicable:		4522 SW 151 PLACE	130 6		
Mailing address MAY BE A POST OFFICE	BON)	MIAMLEL US 33185			
i. If amending the registered agent and egistered agent and/or the new registered o	/or registered o	ffice address on our records, e:			
		<u> </u>			
Name of New Registered Agent:	YVONNE V S	IMMS			
New Registered Office Address:	4522 SW 151 I	PLACE			
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

MIAMILEL

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
CEO	YVONNE V SIMMS		
		4522 SW 151 PL MIANILEL, 33185 US	_ ■ Remove
			☐ Change
MGR	YVONNE V SIMMS	4522 SW 151 PI MIANILEL 33185 - US	<b>=</b> Add
			☐ Remove
			Change
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fective date, if other than the c	late of filing:	(op	tional)	
an effective date is listed, the date must ote: If the date inserted in this bloom		of filing or more than 90 days ali	ter filling.) Pursua	
ocument's effective date on the Dep		attatory ming requirements to	ns date with no	coc iistea
e record specifies a delayed The 90th day after the reco		effective time, at 12:01	a.m. on the	≘ earlier
ated AUGUST 26	2019			
	1/19			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00