(Requestor's Name)	
(Address)	000395095000
(City/State/Zip/Phone #)	10/03/2201021034 **30.00
(Business Entity Name)  (Document Number)	2023 FEB -7 SECRETARY TALL/MAS
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1: 22 Fig.

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FEB 0 9 2023 D CUSHING

## **COVER LETTER**

TO: Registration So Division of Cor					
Simon Hon	nes LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Laurane Simon				
		Name of Person		_	
	Simon Homes, LLC				
	<del></del>	Firm/Company		_	
	3270 NW 14 Street				
		Address			<b>2</b> 00
	Fort Lauderdale, FL 3331	ı			7023 FFB
		City/State and Zip Code			
	realtorlaurane@gmail.com				
	E-mail address: (	to be used for future annual report notific	ration)		
For further information c	concerning this matter, please c	all:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	: 22
Laurane Simon		954 775-6439			
Name o	of Person	at () Area Code Daytime	l'elephone Numb	er	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion		
Division of C		Division of Corpo			
P.O. Box 632	27	The Centre of Ta	llahassee		
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite	810	

Tallahassee, FL 32303



January 9, 2023

LAURANE SIMON SIMON HOMES, LLC 3270 NW 14 STREET FORT LAUDERDALE, FL 33311

SUBJECT: SIMON HOMES, LLC Ref. Number: L17000174600

We have received your document for SIMON HOMES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Letter Number: 623A00000567

Diane Cushing Senior Section Administrator

-5B-7-2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L17000174600	were filed on <u>08/16/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Simon Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3270 NW 14 Street	202 S.E. T
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33311	3FBB
Enter new mailing address, if applicable:	3270 NW 14 Street	
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33311	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter	
	, F	lorida

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Laurane Simon	3270 NW 14 Street	
		Fort Lauderdale, FL 33311	_
			□Change
		<del></del>	
		-	□Remove
			□Change
		□Add	
			□Remove
			□Remove
		-	
			□Add
			□Change
		<del>-</del>	□Remove
			□ Change

## Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
,	
•	
-	
-	
-	
fan ef <u>Note:</u>	ive date, if other than the date of filing:  O9/15/2022  (optional)  fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
ated	February 2nd 2013.
	Signature of a member or authorized representative of a member
	Lawane Simon
	Typed or printed name of signee

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