

L17000177367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

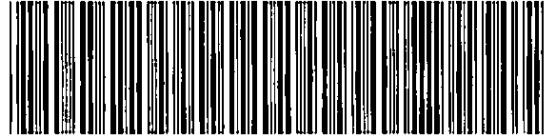
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WL8-56155 Wrong form

Office Use Only



600314463586

06/14/18--01011--013 **52.50

FILED
18 JUN 21 PM 3:54
COURT CLERK
JULIA M. HARRIS

K. SALY

JUN 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

SIMPLY SOLD MEDIA, LLC
HEATHER SPIRAZZA
1661 KENLYN DR.
LONGWOOD, FL 32750

SUBJECT: SIMPLY SOLD MEDIA, LLC
Ref. Number: L17000177367

We have received your document for SIMPLY SOLD MEDIA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00012569

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simply Sold Media, 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:

Heather Spirazza, AMBR

Name of Person

Simply Sold Media, LLC

Firm/Company

1661 Kenlyn Drive

Address

Longwood FL 32779

City/State and Zip Code

hspirazza@gmail.com

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

For further information concerning this matter, please call:

Heather Spirazza

at (407) 757-6022

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

check on
File

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

RECEIVED
2018 JUN 21 AM 10:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

10

KS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Simply Sold Media, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/18/2017 and assigned
Florida document number L17000177367.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Heather Spirazza, LLC

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:

1661 Kenlyn Drive

(Principal office address MUST BE A STREET ADDRESS)

Longwood, FL 32779 (Zipcode wrong on file)

Enter new mailing address, if applicable:

1661 Kenlyn Drive

(Mailing address MAY BE A POST OFFICE BOX)

Longwood, FL 32779 (Zipcode wrong on file)

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:

Heather Spirazza

New Registered Office Address:

1661 Kenlyn Drive

Enter Florida street address

Longwood

City

Florida 32779

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SOUTHERN STATE
FALL RIVER, CT 06424

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

I wrote a check of \$52.50 which you have on file because I previously filled out the wrong amendment.

Please use \$25 of that to file this amendment. Is there a way to refund me the remainder? Thanks!

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CLERK OF SUPERIOR COURT
JULIA A. HARRIS

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 JUNE 18 . 2018 .



Signature of a member or authorized representative of a member

Heather Spicazza, AMBR

Typed or printed name of signee