117000182432

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Req	uestor's Name)	1
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City	/State/Zip/Phor	ne #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Bus	iness Entity Na	me)
Certified Copies Certificates of Status			
	(Doc	ument Number)
	Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:		60	-
	Special Instructions to F	iling Officer:	
6/2/21			1.19/91
UZ-TIM			0/4m

Office Use Only



700363604217

04/14/21~-01024~-015 **25.00

COVER LETTER

TO:

TO:			ction porations		2	,	···	
		REAL W	ORLD SIMPSONS LLC				٠	•
SUBJECT: Name of L			Name of Lin	ited Liability Company				
The encl	losed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all	согтевроі	ndence concerning this matter	to the following:				
			KURT ZIMMERMAN					
				Name of Person			-	
			ZIMMERMAN & ASSOC	CIATES				
				Firm/Company			_	
			2400 E. COMMERCIAL I	BLVD., SUITE 820				
				Address			-	
			FORT LAUDERDALE, F	L 33308				
				City/State and Zip Code			-	
			KURT@ZIMMERMANLA	W.COM to be used for future annual report not	ification)			
For furth	ner infor	mation co	ncerning this matter, please co		,			
KURT Z				954 202-7440				
Name of Person			Person	at () Area Code Daytin	ne Telepho	inc Number	г	
Enclosed	I is a che	eck for the	e following amount:					
□ \$25.	00 Filin	g Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Fi Certifica Certified (additional	te of Sta Copy	tus &
	Regist Divisi P.O. B	ox 6327	ection orporations	Street Address: Registration So Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporatio Fallahas se Street	see	10	

TO ARTICLES OF ORGANIZATION APR 14 PM 3: 36

REAL WORLD SIMPSONS LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number $\frac{L17000182432}{L17000182432}$	ity Company were filed on AUGUST 25, 2017 and assigned
This amendment is submitted to amend the following	ng:
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 A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	tered office address on our records, enter the name of the new register
igent and/or the new registered office address he	ire:
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, FloridaZin 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 21 APR 14 PM 3: 36

<u>Title</u>	Name	Address	Type of Action
AMBR	Marilyn Blumberg Cane, Trustee	752 NE Harbour Drive	□Add
		Boca Raton, FL 33431	Remove
MGR	Michael Sherling	752 NE Harbour Drive	
·		Boca Raton, FL 33431	Remove
			Change
			□Add
			□ Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
21 APR 14 PH 3: 36
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)
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 413, 21. Signature of a member of authorized representative of a member 16027 2 immer mun Typed or printed name of signee
16 2/m
Signature of a member of authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00