

217000184204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

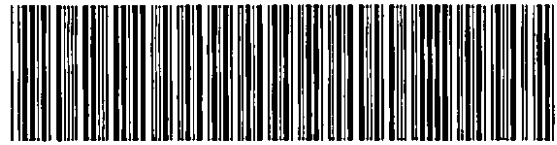
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2018 DEC 17 PM 7:30

FILED

10/05/18--01001--004 \*\*25.00

DEC 18

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2018

DEBORAH HOLT  
SIMPLE & SWEET CREATIONS, LLC  
P.O. BOX 994  
APOPKA, FL 32704-0994

SUBJECT: SIMPLE & SWEET CREATIONS, LLC  
Ref. Number: L17000184204

We have received your document for SIMPLE & SWEET CREATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the incorrect form to remove Manager's from your LLC

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 318A00021493

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIMPLE & SWEET CREATIONS, 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:

DEBORA HOLT  
Name of Person

SIMPLE & SWEET CREATIONS, LLC  
Firm/Company

PO BOX 994  
Address

APOPKA FL 32704-0994  
City/State and Zip Code

DEBORA • HOLT NURSERIES @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORA M HOLT at 347 407 361 2917  
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)

*I've mailed a check with my first form, I didn't get it back so*

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

*I am assuming your agency still have it.*

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

SIMPLE & SWEET CREATIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/29/2017 and signed

Florida document number L17000184204

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	DEBORA HOLT	7120 LAKEVILLE RD ORLANDO FL 32818	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBORA HOLT		<input type="checkbox"/> Add
		7120 LAKEVILLE RD ORLANDO FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRAVIS MAROIS	P.O BOX 994 APOPKA FL 32704	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAVIS MAROIS	P.O BOX 994 APOPKA FL 32704	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(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)

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.

When we fast

DEBORA M. HOLT

Typed or printed name of signer

2018 DEC 17 PM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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