## N17 CCC 156124

| (Re                     | equestor's Name)      |             |
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| PICK-UP                 | ☐ WAIT                | MAIL        |
|                         |                       |             |
| (Bu                     | isiness Entity Name)  |             |
| (5)                     | cument Number)        |             |
| (22                     | cument Number;        |             |
| Certified Copies        | _ Certificates of     | Status      |
|                         |                       |             |
| Special Instructions to | Filing Officer:       |             |
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Office Use Only



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T. MATTHEWS

JUL 2 2 2022

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor      |                                  |   |   |
|---|----------------------------------|---|---|
| Simplecr. Simpl                             | e Office Services LLC            |   |   |
| SUBJECT:                                    | 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:   |   |
| •   | S                                | C   |   |
|   | E Libby Hanna                    |   |   |
|   |                                  | Name of Person  |   |
|   | Simple Office                    | Services LLC  |   |
|   | •                                | Firm/Company  |   |
|   | 10r.l. p                         |   |   |
|   | 1251 Fran Mar                    | Address   | · · · · · · · · · · · · · · · · · · ·                               |
|   | Clermont, FL                     | 3/711   |   |
|   | CIGINO.IC, EL                    | City/State and Zip Code                                       |   |
|   | elibbyhanna@                     | gmail.com   |   |
|   | E-mail address: (                | to be used for future annual                                  | report notification)  |
| For further information co                  | oncerning this matter, please ca | all:  |   |
| E Libby Ha                                  | nna                              | at ( 781 )  | 424-7189  |
| Name o                                      | f Person                         | Area Code   | Daytime Telephone Number  |
|   |                                  |   |   |
| Enclosed is a check for th                  | ne following amount:             |   |   |
| □ \$25.00 Filing Fee                        |                                  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc | Certificate of Status &   |
| Mailing Addres Registration S Division of C | Section                          |   | ddress:<br>ation Section<br>n of Corporations                       |
| P.O. Box 632<br>Tallahassee, I              | 7                                | The Cer<br>2415 N   | ntre of Tallahassee<br>. Monroe Street, Suite 810<br>ssee, FL 32303 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION

OF CACHETARY OF STATE

Simple Office Services 22(MAY 20 AM 8: 31 (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 \_\_\_\_ 08/31/2017 and assigned Florida document number \_\_L17000186124 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

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address             | Type of Action |
|--------------|--------------------|---------------------|----------------|
| MGR          | Caroline R. Meadow | Sole allé 12        | □Add           |
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|              |                    | 1540 Vestby, Norway | □ Change       |
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| ctive                    | date, if o     | ther tha    | n the d    | ate of fi      | ling:       | May 1           | 5, 2022      |            |              | (opt      | ional)      |             |              |
| effecti                  | ve date is li: | sted, the d | ate must b | e specific     | and cann    |                 |              |            | ore than 90  | lays afte | r filing.   |             |              |
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| ument<br>ord s<br>filed. |                |             |            | <del>-</del> . | _, _        | 2022<br>Lebberg | <br>Hann     | <b>a</b> ) | of a membe   |           | o, 71       |             |              |