# 117000217919

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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Smpl J Name of Limi	Legated Company	bluthors, LC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	_ Tin (	Vai Hui	
	Simple In	Name of Person  A paled Soluhi Firm/Company	m LLC
	16209 N	IE 13th Are Address	
	North M	City/State and Zip Code	33162
	E-mail address: (to	© QUI. COM o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	II;	
Name of	ai Huil Person	at ( <u>305</u> ) <u>766</u> — Area Code Daytime	S 238 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)

## 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simple Inte (Name of the Limited Liab) (A Flori	ility Company as it	I now appears	TUNS	ds.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 17 000 217</u>	Company were:		7/10/2	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	mited liability co	ompany hei	<u>re</u> :		
The new name must be distinguishable and contain the words "Li  Enter new principal offices address, if applicable:	imited Liability Con	npany," the de	signation "LLC	C" or the abbreviation "L.	L.C."
(Principal office address MUST BE A STREET ADE	ORESS)				
Enter new mailing address, if applicable:	_			<u>JU</u> L 16	FILEC SION OF COR
(Mailing address MAY BE A POST OFFICE BOX)				₹Ē	POR
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		address on	our record	s, enter the name	of the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Flori	da street addres	55	
			, Fl	orida	
	Ci	iţy		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 = N	Manager			
AMBR = A	Authorized Membe	er		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FARAH Steve	16209 NE 1312 AVE	🗆 Add
		North Maris Beach, F/33162	DRemove
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Effective date, if other than the date of filing: (or	otional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, to	fter filing.) Pursuant to t this date will not be li	05.02 sted :
document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective time, at 12:02.  The 90th day after the record is filed.	1 a.m. on the ear	lier
Dated July 10, 2018		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00