(Re	equestor's Name)	
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# **COVER LETTER**

Division of Corporations
SUBJECT: Symon Group Truestments WC 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:
Simon Group Investments LLC
Simon Group Investments LLC
1107 SW 8th st
City/State and Zip Code
For further information concerning this matter, please call:
Soan E. Rodrigue Z at (305) 6138107  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secrificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

**Registration Section** 

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

Simon Group I	investments UC	
(Name of the Limited Liability Company (A Florida Limited Liab	ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\angle 18000010$ . $\checkmark$ S	vere filed on Jan 11,0018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." 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)	18 JAN 29	-
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ice address on our records, enter the name of the records	ем
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City Zin Carla	

#### 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 Type of Action <u>Address</u> Name Title VP Alvarydo, Edgar Y 1107 sw 8th st mian, FL 23110 \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_\_ Add \_□ Remove ☐ Change \_□ Remove

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