L18000034909

(Requestor's Name)

(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:

Office Use Only

COVER LETTER

TO: Registration Section
        Division of Corporations

                Simply Suite LLC
SUBJECT: _____
                        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:

        Mary Stonecypher
        _____
                        Name of Person

        Simply Suite LLC
        _____
                        Firm/Company

        210 Magnolia Road #210
        _____
                        Address

        Maitland, Florida 32751
        _____
                        City/State and Zip Code

        hello@simply-suite.com
        _____
                E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Stonecypher   407   463-2538
_____ at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

        MAILING ADDRESS: STREET/COURIER ADDRESS:
        Registration Section   Registration Section
        Division of Corporations   Division of Corporations
        P.O. Box 6327   Clifton Building
        Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Simply Suite 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 <u>February 07, 2018</u> and assigned Florida document number <u>L18000034909</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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)

210 Magnolia Road #210

Maitland, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1362

Winter Park, FL 32790

FILED 18 JUL 19 AM 8:04 SECRETARY OF STATE DIVISION OF CORPORATIONS

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: Mary Stonecypher

<u>New Registered Office Address</u>: 210 Magnolia Road #210
Enter Florida street address

Maitland , **Florida** 32751
_____ 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.   RegisteRed Agent is NOT changing.

_____
If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARY STONECYPHER	210 Magnolia Road #210 Maitland, FL 32751	■ Add
	Please change the name from "MASLOW STONECYPHER" to "MARY STONECYPHER" it is currently an ERROR/TYPO	188 E Crystal Lake Ave #458 Lake Mary, FL 32751	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change the MGR "MASLOW STONECYPHER" to "MARY STONECYPHER"

It was a computer AUTO FILL ERROR.

Please call 407-463-2538 with ANY questions, or email: hello@simply-suite.com
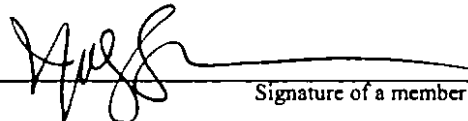
THANK YOU!!!

07/12/2018
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)(b)
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 07/11 _____ , 2018 _____ .

_____
Signature of a member or authorized representative of a member

Mary Stonecypher
_____
Typed or printed name of signee

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Filing Fee: $25.00