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## **COVER LETTER**

TO:	Registration Section Division of Corporations  4
SUBJE	Simply Green LLC  Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mathew Samusis James of Person
	Simply Granuc
	2797 Phil Tynti Rd
	Crowing 1 32534  City/State and Zip Code
	E-mail address: (to be used for future annual report, motification)
For fur	ther information concerning this matter, please call:
	Name of Person at (NSO) 5440 5422  Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>g</b> \$25	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$\Bigcup \$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

Same of the Limited Habil	it Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 52519 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	RESS)
	0.00
Enter new mailing address, if applicable:	. ,
Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the name of the new</u>
egistered agent amount the new registered office and	<del>u cos nei c</del> .
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>	Type of Action
AMBR	Mathew Samuelby	<b>,</b> '	<b>_</b> Add
		CMStriw, FL 37534	Remove
			Change
VP	John A Toolan	2797 Phil TyperRd	□ Add
		Cristian, Fr 32534	Remove
			Change
SECT	Jeri 1 Toulas	2797 Phil Typer Rd	<b>□</b> Add
		Cristian, FZ 3753L	Remove
			Change
			<b>_</b>
			Remove
			Change
<del></del>			
			□ Remove
			Change
_ <del></del>			□ Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an off lote:	ive date, if other than the date of filing: 22, 24, 20, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	22 July 19
	Min
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00