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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATION DIVISION OF CORPURATION

N COOPER JUL 25 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Semper Travels, i.c. 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:
Lathysha Semper
Simply Samper Trovels Firm/Company
3126 Shady Pine Ave
Winter Park, FL 32792 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lathysha Semper at (407) 494-3779 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 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, 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

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on d Liability Company)	nur records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	14 02 12018	_ and assigned
Florida document number <u>LP000160047</u>		'	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		3 IVISE
(Principal office address MUST BE A STREET ADDRESS)			JUL TONE
			—— ———————————————————————————————————
			RP PO
Enter new mailing address, if applicable:			; <u></u>
(Mailing address MAY BE A POST OFFICE BOX)	-		—————————————————————————————————————
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		r records, <u>enter tb</u>	e name of the new
New Registered Office Address:	Enter Florida s	treet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a.	te performance of my	duties, and I am far	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Banck	Lathysha Semper	3126 Strady Pine Ave Winter Park, FL 32792	
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fective date, if other than a effective date is listed, the d	ate must be specific and ca	annot be prior to date			
ote: If the date inserted in cument's effective date on			itutory filing require	ments, this date will	not be listed
record specifies a de The 90th day after th		te, but not an e	effective time, at	12:01 a.m. on	the earlier
nted <u>07/15</u>		2018			
) at			
	Signature of a fine	macr of authorized a	presentative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00