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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Harold Sin	mon PLLC		
NUBJECT.	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Harold Simon		
		Name of Person	
	Harold Simon PLLC		
		Firm/Company	
	8405 Hawks Gully Ave		
		Address	
	Delray beach, FL 33446		
	harold@hsimongroup.com	City/State and Zip Code	
	•	to be used for future annual report noti	ification)
For further information (concerning this matter, please c	all:	
Harold Simon		305 801-7638	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration : Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harold Simon PL1.C	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on August 09, 2018 and assigned
Florida document number L18000191993	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Harold Simon LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," 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)	· · · · · · · · · · · · · · · · · · ·
	21
	121 10V
Enter new mailing address, if applicable:	-5
Mailing address MAY BE A POST OFFICE BOX)	SS ≥ 177
	9 0
	ω
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	. Florida
Line	Zin Co.la

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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□Change
			□Remove
			Change
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			□Remove

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an effective date is listed	er than the date of the date of the date must be specific	c and cannot be prio	to date of filing or m	(optio	filing) Pursuant to 605 020
ote: If the date insert	ed in this block does ate on the Department	not meet the applic	able statutory filin	g requirements, this	s date will not be listed a
ecord specifies a dela is filed.	eyed effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
November 2		<u> 2021</u>	·		
	2/10/	1. D	///		
	1090	////	orized representative		

Filing Fee: \$25.00