

L18000277968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

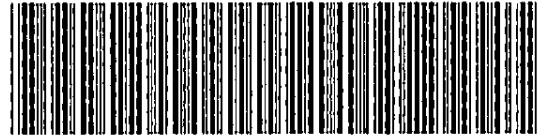
(Business Entity Name)

(Document Number)

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09/21/20--01015--005 \*\*25.00

PAYMENT

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## COVER LETTER

**O: Registration Section  
Division of Corporations**

**SUBJECT:** SIMPLEFILE LLC

\_\_\_\_\_  
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:

PEDRO SALAMANCA

\_\_\_\_\_  
Name of Person

PEDRO SALAMANCA

\_\_\_\_\_  
Firm/Company

1917 WESTPOINTE CIR

\_\_\_\_\_  
Address

ORLANDO, FL. 32835

\_\_\_\_\_  
City/State and Zip Code

PESLEON@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO SALAMANCA

407

860-5750

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 &  
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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIMPLEFILE 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 09/25/2018 and assigned  
Florida document number 118000227968.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

3121 ARMSTRONG SPRING DR

KISSIMMEE, FL. 34744

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3121 ARMSTRONG SPRING DR

KISSIMMEE, FL 34744

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

Name of New Registered Agent:

CAROLINA IZQUIERDO

New Registered Office Address:

3121 ARMSTRONG SPRING DR

*Enter Florida street address*

KISSIMMEE

Florida 34744

*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.*

Caroline Izquierdo  
If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being removed from our records:

l = Manager

3R = Authorized Member

<u>l</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
3R	EDISON MORENO	2860 N POINT BLVD	<input type="checkbox"/> Add
		KISSIMMEE, FL. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHANYR RAMIREZ	2860 N POINT BLVD	<input type="checkbox"/> Add
		KISSIMMEE, FL. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAROLINA IZQUIERDO	3121 ARMSTRONG SPRING DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL. 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**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.

Dated SEPTEMBER 8 2020

SHANYR RAMIREZ

**Filing Fee:**