

L18000234939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

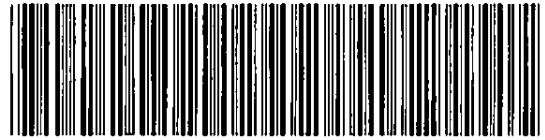
(Business Entity Name)

(Document Number)

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FILED  
MAR 5 2021  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT  
03/05/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Katharina Tiffany and Veritas Gassmann L.L.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:

Tanya McLeod

Name of Person

Firm Company

3330 Northside Drive Suite 415

Address

Key West Florida

City/State and Zip

MercadoVenturesLLC@mail.com

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

2011-05-03 PM 3:50  
STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Tanya McLeod

(778)401-5250

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**

Katharina Tiffany and Veritas Gassmann LLC  
Name of the Limited Liability Company that appears on our records

The Articles of Organization for this Limited Liability Company were filed on October 3, 2018 and assigned  
Florida document number 118000234939

This amendment is submitted to amend the following:

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

Simssearch LLC

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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>	<u>Type of Action</u>
			<input checked="" type="checkbox"/> Add
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STATE  
PM 3:50  
ADD

2004-7-5 PM 3:50  
FLORIDA STATE  
LABORATORY, FL

2000-07-05 PM 3:50  
FEDERAL STATE  
LABORATORY, FL

(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)

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.

Signature of Member of Audit Committee

Signature of Member or Authorized Representative

Tanya McLeod

Typed or printed name of signee

**Filing Fee: \$25.00**