

118 000 276 765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

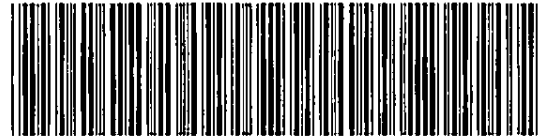
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

FEB 24 2020

2020 FEB 24 10:14:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simply Kiira 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:

Kiira Weisend
Name of Person

Firm/Company

2788 Via Piazza Loop
Address

Fort Myers FL 33905
City/State and Zip Code

KiiraWeisend@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiira Weisend at (239) 631-9558
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

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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>
<u>MGR</u>	<u>Thomas Weisend</u>	<u>2788 Via Piazza Loop</u>	☐ Add
		<u>Fort Myers, FL 33905</u>	☒ Remove
		<u></u>	☐ Change
<u>CEO</u>	<u>Kiira Robertshaw</u>	<u>28121 Pine Haven Way #112</u>	☐ Add
		<u>Bonita Springs, FL 34135</u>	☒ Remove
		<u></u>	☐ Change
<u>CEO</u>	<u>Kiira Weisend</u>	<u>2788 Via Piazza Loop</u>	☒ Add
		<u>Fort Myers, FL 33905</u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
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		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 1/17/2020 (optional)

(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)

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.

(b) The 90th day after the record is filed.

Dated January 17th, 2020

Thina Weisend

Signature of a member or authorized representative of a member

Kiira Weisend

Typed or printed name of signee