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TO:

Registration Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

19 OCT 28 M 9: 80 **Division of Corporations** SIMPLE SOLUTIONS MANAGEMENT, LLC SUBJECT: 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: DeAnna Montemayor Name of Person Wyoming Corporate Services, Inc. Firm/Company 1712 Pioneer Ave Address Cheyenne, WY 82001 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DeAnna Montemayor Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & **\$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

19 OC 1 28 M 9: 81

SIMPLE SOLUTIONS MANAGEMENT, 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 Florida document number 1.18000281693 This amendment is submitted to amend the following:	were filed on 12/06/2018 and assigned		
t ins amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited liab	oility company here:		
AWSIM Consulting, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	18914 Northrop St.		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32833		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18914 Northrop St. Orlando, FL 32833		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her 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>	Address	Type of Action
MGR	ABC Consulting, LLC	1712 Pioneer Ave. Suite 7000	
	<u> </u>	Cheyenne, WY 82001	Add
			■ Remove
			☐ Change
MGR	Darrell E. Teddick	18914 Northrop St.	Add
		Orlando, FL 32833	
			Remove
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Typed or printed name of signee

Filing Fee: \$25.00