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19 MAY 17 PM 5: 3

JUN 0 3 2019 T SCKROEDER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Element 1, UC 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:
Micole Madlay Name of Person
Simply kids Firm/Company
14009 Dominion CT
City/State and Zip Code  Company City/State and Zip Code  Company City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (727) 831-8198 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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

(Same of the Limited	Liability Company Florida Limited Lia	as It now appears of bility Company)	n our records.)		
The Articles of Organization for this Limited Liab Florida document number 12002		ere filed on	2/10/20	)∐¥ and assign	ed
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabili	ty company here:	:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the desig	nation "LLC" or the a		<del></del>
Enter new principal offices address, if applicab	ole:			9 %	
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			¥ 17	
				<u> </u>	<del>in</del>
Enter new mailing address, if applicable:				FL03	0
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			5. 87 5. 87	<del></del>
			<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Dicol	le Nad	eau		
New Registered Office Address:	H009	Domin Enter Florida	ALUA CT		
	Tan	City City	Florida	33(013 Zip Code	<b>L</b>

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

Page 1 of 3

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Philip Motzler	BOIY N. Dale Mabry Tampa. Fl 33/018	Add 213 Remove
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If an effective date is li Note: If the date in	other than the date of sted, the date must be specifiserted in this block does be date on the Department	ic and cannot be p not meet the ap	plicable statutor	ng or more than 90 d y filing requireme	_ (optional) lays after filing.) Pents, this date wi	tursuant to 6 Ill not be fi	605.0207 isted as
ne record specifi The 90th day a	ies a delayed effecti after the record is fil	ve date, but led.	not an effect	tive time, at 1	2:01 a.m. or	ı the ear	lier of
Dated 5/14	4/2019	_ 20	19				
Dated — ) 1.	· //						

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Filing Fee: \$25.00