

L19000008791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

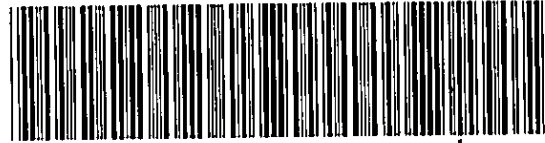
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 JAN 22 PM 12:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simply done Construction 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:

Shawn Parmelee
Name of Person

Firm/Company

412 Lantana St.
Address

Panama City Beach FL 32407
City/State and Zip Code

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

For further information concerning this matter, please call:

Shawn Parmelee at (406) 212-2218
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Simply done Construction LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JAN 22 PM 12:05

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/7/2019 and assigned
Florida document number L19000008791.

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)

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>
Pres	Sharon Parmelee	412 Lantana St.	<input type="checkbox"/> Add
		PCB, FL. 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Sharon Parmelee	412 Lantana St	<input checked="" type="checkbox"/> Add
		PCB, FL. 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Corinna Parmelee	412 Lantana St.	<input type="checkbox"/> Add
		PCB, FL. 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	Corinna Parmelee	412 Lantana St.	<input checked="" type="checkbox"/> Add
		PCB, FL. 32408	<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
			<input type="checkbox"/> Change

[illegible]

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 Jan 14 2019

Conrad

Signature of a member or authorized representative of a member

Corinna Parmelee

Typed or printed name of signee