L19000027772

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(City/State/Zip/Phone #)
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02/08/19--01012--013 **25.60

FEB 1 6 2019
S. YOUNG

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COVER LETTER

Div	ision of Corp	porations		
CHBIRT.	Simple Met	hod LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Deborah Lipscomb		
		Simple Method LLC	Name of Person	
		1321 NE 25th Ave	Firm/Company	
		Pompano Beach, Florida 3	Address 33062	
		simplemethodllc@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Deborah Lip	scomb		954 605-6640 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Simple Method LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{01/28}{1}$	3/2019 and assigned
orida document number L19000027772	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	:
e new name must be distinguishable and contain the words "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	ASS::
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
	€ -
If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter the name of th
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florid	a 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	Scott Lipscomb		
		1321 NE 25th Ave Pompano Beach FL 33062	_
			Change
MGR	Deborah Lipscomb	1321 NE 25th Ave Pompano Beach, FL 33062	Add
			Remove
			Change
			Remove
			Change
			Add
		 	Remove
		- <u></u>	Change
			Remove
			Change
			Remove
			Change

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ffective date, if other than t	he date of filing	g:	1	-1 00	_ (optional)	2
an effective date is listed, the date r ote: If the date inserted in this						
ocument's effective date on the	Department of S	tate's records	•			
record specifies a delay			t an effectiv	ve time, at	12:01 a.m. o	n the earlier of:
The 90th day after the r	ecord is filed.					
February 5		2019				
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	Y //VVN	MIN ZL	win L	ative of a memb		

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Typed or printed name of signee

Filing Fee: \$25.00