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COVER LETTER

TO:		istration Se ision of Cor					
SIMPLE TASK ADMIN SERVICES, L				C.	•		
SUBJI	ECI:		Name of Lin	Name of Limited Liability Company			
The en	closed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return	all correspo	ndence concerning this matter	to the following:			
			Daphney Frage Louis				
				Name of Person			
			<u></u>	Firm/Company			
			2615 Solano Ave, Apt 306	5	2020 DEC 2		
	Address						
			Cooper City, FL 33024				
	City/State and Zip Code						
			louisdaphneyl@gmail.com				
Ear fir	thar is	Samutian a	E-mail address: (oncerning this matter, please c	(to be used for future annual report notificat	ion)		
r Oi Tus	mer n	normation c	oncerning this matter, piease e				
Daphn	ey Fra	ige Louis		786 613-0505 at ()			
		Name o	Person		lephone Number		
Enclos	ed is a	check for th	e following amount:				
≡ \$2	5.00 F	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)		
		iling Addres	-	Street Address: Registration Section	an.		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division of Corpor			
			-	The Centre of Tallahassee			
			FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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nation "LLC" or the abbreviation "L.L.C."
2020
C section
<u> </u>
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770; .
ds, enter the name of the new register
treet address
, Florida
Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			🗆 🗖 Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)	Pursuant to 605 I
e: If the date inserted in this block does not meet the applicable statutory file		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The	90th day after
s filed.	i. on the currier of (b)	your day arrer
ed <u>Allember 16</u> . <u>Jose</u> . Signature of a member or authorized representation		
10//- 1-		

Filing Fee: \$25.00