L190000 49698

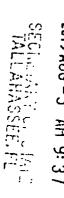
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COVER LETTER

TO:	Registration Sectorial Division of Corp						
SUBJI	ECT: SIM	PLI ASSIST Name of Lim	ited Liability Company	 			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:							
		TINA LEE	G RELLO Name of Person				
		4501 26th	Firm/Company AJE S Address				
		ST PETERS! TINA GRELLO	City/State and Zip Code Code	<u></u>			
For fur	ther information con	ncerning this matter, please ca		cation			
Tin	Name of	Person	at (267) 559 - Daytime	Telephone Number			
Enclos	ed is a check for the	following amount:					
\$2	5.00 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)			
	MAILE	NG ADDRESS:	STREET/COURIE	ER ADDRESS:			

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

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

TO ARTICLES OF ORGANIZATION

OF

SIMPLI ASSIST	LLC	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L\900049698</u>	pany were filed on 3/19/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Α Λ	TALLAHIASSEE PLAN
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		774
Name of New Registered Agent:		
New Registered Office Address: New Registered Office Address:	Enter Florida street addr	ress
	, 1	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 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

or removed, from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MAR	TINA L. GRELLO	4501 26th AVES	B ∧dd
		ST PPTERSBURG FL	Remove
		33711	Change
AMBR	JAMET M. IMPASTATO	4501 26th AVE S	Add
		ST. PETERSBURG FL 33711	Remove
,			Change
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	ive date, if other than the date of filing: NA (optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent'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 o
) ine	90th day after the record is filed.
	N = 2 mg
Dated	Ang 2nd 2019
	$\mathcal{T}_{\mathcal{L}}$
	Signature of a member or authorized representative of a member
	TINA L. GREllo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00