

L190000049698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

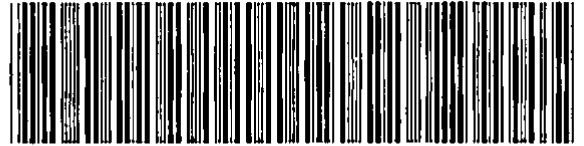
(Business Entity Name)

(Document Number)

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SECTION 607
TALLAHASSEE, FL

2019 AUG -5 AM 9:37

AUG 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLI ASSIST 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:

TINA LEE GRELO

Name of Person

Firm/Company

4501 26th AVE S

Address

ST PETERSBURG FL 33711

City/State and Zip Code

TINA GRELO @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA Grelo

Name of Person

at (267) 559-7006

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

SIMPLI ASSIST LLC

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>TINA L. GRELO</u>	<u>4501 26th AVE S</u>	<input checked="" type="checkbox"/> Add
		<u>ST PETERSBURG FL</u>	<input type="checkbox"/> Remove
		<u>33711</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>JANET M. IMPASTATO</u>	<u>4501 26th AVE S</u>	<input checked="" type="checkbox"/> Add
		<u>ST. PETERSBURG FL 33711</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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N/A

E. Effective date, if other than the date of filing: N/A **(optional)**

(If an effective 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 (3)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Aug 2nd 2019



Signature of a member or authorized representative of a member

TINA L. Grallo

Typed or printed name of signee