4/10/2019

Market St.

Division of Corporations

page 5



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	so will generate another cover sheet.	<u> </u>
To:		<b>3</b>
	Division of Corporations	
	Fax Number : (850)617-6383	me:
F		
From:		65.5
	Account Name : CLARA GIRALDO, P.A.	<u> </u>
	Account Number : I19990000017	Star €
	Phone : (305)485-9300	1
	Fax Number : (305)485-1098	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMPLES SOLUTIONS LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

	SIMPLES SOLUTIONS, LLC			
Name of the Lin	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	records.)		
The Articles of Organization for this Limited	Liability Company were filed on	19 and assigned		
Florida document number L19000065264				
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liability company here:			
he new name must be distinguishable and contain the	words "Limited Linbility Company," the designation	in "LLC" or the abbreviation "LLC"		
inter new principal offices address, if appli		and the state of t		
Principal office address MUST BE A STRE		<b>10</b>		
,		54 表 五		
nter new mailing address, if applicable:		2 1		
Mailing address MAY BE A POST OFFICE	BOX)	五, 星		
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. If amending the registered agent and existered agent and/or the new registered o	or registered office address on our reffice address here:	ecords, enter the name of the n		
Name of New Registered Agent:	JAVIER E. MUNOZ ALFARO			
New Registered Office Address:				
	Enter Florida street	address		
		, Florida		
ew Registered Agent's Signature, if changing	City	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.

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>	Name	Address	Type of Action
MGR	JAVIER F. MUNOZ ALFARO	262 W 925 S	
			<b>B</b> Add
		GARLAND, UT 84312	_
			□ Remove
			Character (Character)
			Change
			☐ Remove
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			🗆 Remove
			Change
	`		
	GIRALDO E.A.		□ Remove
	SW 84 AVENUE SUITE C I, FL 33155		
PH.: (3	(05) 485-9300		Change

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Signature of a member of authorized representative of a member				

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, PL 33155 PH.: (305) 485-9300