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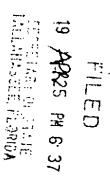
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: SIM	Ple Washin Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ronald 6	S Farah 11	<del></del>	
		The Control of the Co		
. Firm/Company				
	623 NF 6	th Court Unit Address	<u>2c</u>	
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information co	ncerning this matter, please co	all:		
Ronald 6F	arch 11	$\underbrace{\frac{321}{\text{Area Code}}}_{\text{at }\underbrace{\frac{71}{271}}_{\text{Daytim}}$	- 3586.	
		,	•	
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 4 9 000 o 6 92</u> 31	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
		7. 2. 6
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation [L.L.C.]
Enter new principal offices address, if applicable:		<b>7</b>
(Principal office address MUST BE A STREET ADDRESS)		in in
Enter new mailing address, if applicable:		PH 6: 37
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<del></del>		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
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an effective date	e is listed, the date n	he date of filing: must be specific and c	annot be prior to a	date of filing or more t	(optior han 90 days after fi	lena ) Duestina	t to 605,020
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Typed or printed name of signee

Filing Fee: \$25.00