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## **COVER LETTER**

TO:	Registration Sec Division of Corp						
	Simmons2 P	Properties, LLC					
SUBJE	CT:	Name of Limite	ed Liability Company .				
The enc	losed Articles of A	Amendment and fee(s) are subm	sitted for filing.				
		ndence concerning this matter to					
		Gloria Simmons	· .				
			Name of Person				
		SIMMONS2 PROPERTIES	S,LLC				
			Firm/Company				
		2051 AARON AVE					
		ORLANDO, FL 32811					
			City/State and Zip Code				
		sissycuts99@yahoo.com	<u> </u>				
		E-mail address: (t	o be used for future annual report notifi	ication)			
For fur	ther information of	concerning this matter, please ca	di:				
Gloria Simmons		407 491-7815 at ()	: Telephone Number				
	Name o	of Person	Area Code Daytime	: Telephone Number			
Englos	and is a check for t	he 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)			
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	on rations enter Circle			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMMONS2 PROPERTIES, LLC	<u></u>	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on onted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com		
Florida document number <u>L19000070579</u>		
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	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1000 第二
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2 87
		至
		7. 9
Enter new mailing address, if applicable:		Er. 32
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•		, Florida
<del></del>	City	7.ip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this cap nplete performance of my not as provided for in Cha	upter 605, F.S. Or, if this document is
1		
	If Changing Registered Agen	t, Signature of New Registered Agent
	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>	Address	Type of Action
MGR	Gloria Simmons	2051 AARON AVE	
<u>,                                      </u>		ORLANDO, FL 32811	Remove
			Change
			□ Remove
			☐ Change
			Add  Remdve
			Cfflange & 3
			<u>"</u> □ A&T
			Remove
			□ Change
<del></del>			□ Add
			Remove
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			☐ Change

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and the state of fillings	(optional)
Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of the Note:  If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	Files or more than 90 days after filing ) Pursuant to 605,020
ne record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
Dated 3/25  Signature of a member or authorized r	enresentative of a member
Signature of a member of authorized i	oprosition to the manner

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Filing Fee: \$25.00