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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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JUN 24 2020

COVER LETTER

TO: Registration Sect Division of Corpo			
None Vaaa	Around the	Clock	
SUBJECT: Vegon		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	·
Please return all correspond	dence concerning this matter t	o the following:	
	Tanya	ManSalV Name of Person	
	Simple	Monarch Inc	
	7358 CY	oness Drive	
	Margo	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	3
	E-mail address: (t	o be used for future annual report notif	ach. Can
For further information co	ncerning this matter, please ca	dl:	
Janya Manne of	Person	at (954) 65+0 Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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 Se Division of Co	ection orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6327	7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vegan around	the clock it	€1-9 PH 6:59
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) liability Company)	· ,
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000583122</u> .	were filed on MarCh 26	12019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Simplifica	xxtz, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code
NO THE RESIDENCE OF THE SECOND CONTRACTOR OF THE SECOND SECOND CONTRACTOR OF THE SECOND SECON		

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:

$\mathbf{AMBR} = A$	Nanager Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address 2020 JUN - 9 PH 6:	59 Type of Action
 			
			Remove
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Note: If th	ie date inserted ir	an the date of fi date must be specific this block does n n the Department	ot meet the appl	icable statut	iling or more tha cory filing requ	option 90 days after irements, this	nal) filing.) date v	Pursuant to 605.03 will not be listed
e record sp rd is filed.	ecifies a delayed	effective date, but	not an effective	time, at 12:	01 a.m. on the	earlier of: (b)	The	90th day after t
Dated	June	2	. 20%	20.		111	(<u></u>
	 ,	Signature	of a member or au	thorized repri	esentative of a m	ember		<u></u>
		Tan	ya P.	Mai	S57/V	2.		

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Filing Fee: \$25.00