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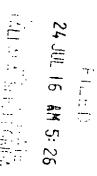
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## **COVER LETTER**

TO:	Registration So Division of Co			
SUBJEC		TH& WHALEN LLC		
SUBJEC		Name of Lin	nted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		SIMCOVICH, GERMAN	D	
			Name of Person	
		SIMCOVICH & WHALE	NILC	
			Firm/Company	
		740 OCEAN DRIVE		
			Address	<del> </del>
		MIAMI BEACH, FL 3343	39	
			City/State and Zip Code	
		hello@simcovichwhalen.co		
			to be used for future annual report not	ufication)
For furth	er information c	oncerning this matter, please c	all:	
GERMA	N D SIMCOVI	CH	786 547-9376	
	Name o	f Person	at ()	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing Addres</u> Registration S		Street Address: Registration Sc	etion
	Division of C		Division of Co	
	P.O. Box 632	.7	The Centre of	Fallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMCOVICH & WHALEN LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number <u>L19000089001</u>		n/01/2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	26
i. If amending the registered agent and/or gent and/or the new registered office addre		records, <u>enter the name of the new reg</u> ister
Name of New Registered Agent:	SIMCOVICH & WHALEN EST	ATES LLC
New Registered Office Address:	1111 LINCOLN ROAD, SUITE	500
	Enter Flo	rida street address
	MIAMEBEACH, FL	Florida 33139 Zip Code
	Cuy	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. Thereby 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
COO	WHALEN, GEORGIA	740 OCEAN DRIVE	
		MIAMI BEACH, FL 33139	≣Remove
			□Change
CEO	SIMCOVICH, GERMAN D	740 OCEAN DRIVE	
		740 OCEAN DRIVE	Remove
			□Change
MGR	SIMCOVICH & WHALEN ESTATES LLC	HH LINCOLN ROAD	
		SUITE 500	□Remove
		MIAMI BEACH, FL 33139	□Change
			□Remove
			Change
		<del></del>	□∧dd
		<del></del>	Remove
			[] C'hange
	<u> </u>		□Add
			□Remove

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