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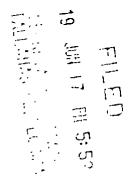
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JUN 2 7 2019 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	spond LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please co	ill:	
Christopher Euart		561 889-536 at ()	0
Name c	of Person	Area Code Da	ytime Telephone Number
Enclosed 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)
MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Respond LLC

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u> 1
The Articles of Organization for this Limited Liability C Florida document number <u>L19000091835</u>	Company were filed on 04/03/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		C :
		95 D
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:		s, enter the name of the
····	Enter Florida street address	
	, FI	orida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, an egent as provided for in Chapter 605, ed office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Ament

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGMR	Patrick McBride		□ Add
		406 S FRANKLIN AVE	
		POLO. IL 61064	≡ Remove
			Change
MGMR Misty McBride	406 S FRANKLIN AVE POLO. IL 61064	⊒ Add	
		[] B	
			a kemore
		□ Change	
		☐ Remove	
		☐ Remove	
		☐ Change	
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		☐ Change	
		Remove	
			□ Change

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IS CC	06/04/2019 continual to the data of filings (untiqual)
(If an effec	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
documer	it's effective date on the Department of State's records.
tha race	rd enecified a delayed effective date, but not an effective time, at 13,01 a.m. on the parlier of
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	June 4th . 2019.
	19-
	Signature of a member or authorized representative of a member
	Chaistacha E. ad
	Christopher Ewart Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00