L19000108180

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COVER LETTER

Tallahassee, FL 32314

	gistration Sec ision of Corp					
	Simmonds	Simmonds Law PLLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		William W. Simmonds				
			Name of Person			
		Simmonds Law PLLC			•	
	Firm/Company					
	Address					
		Tampa, Florida 33602			<u> </u>	
			City/State and Zip Code		305	
•		will@simmonds.biz	to be used for future annual report no	rification)		
For further	information c	oncerning this matter, please co		(IIICEROT)	8 PM	
	. Simmonds,		888 941-1411 x	711		
Name of Person		Area Code Daytii	me Telephone Number	. 10		
Enclosed is	a check for the	he following amount:				
≘ \$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of State Certificate Copy (additional copy is enc		
	ailing Addre		Street Address: Registration S	ection		
Registration Section Division of Corporations			Division of Co	orporations		
	O. Box 632		The Centre of	Tallahassee oe Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simmonds Law PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 22, 2019 and assigned Florida document number ______119000108180 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Bill Havre c/o Registered Agents, Inc. Name of New Registered Agent: 7901 4th Street N. Suite 300 New Registered Office Address: Enter Florida street address St. Petersburg

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title Name Address Type of Action

<u>Title</u>	Name	Address	Type of Action
MGRM	William W. Simmonds	12006 Somerset Way E. Carmel, IN 46033	I Add
		245 MEDICAL DRIVE #3722, CARMEL, IN 4	6082 Na Remove
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			□Remove
			Change
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			DAdd
			Remove
			Change
			□Remove
			□Change
			DAdd _ · · · · ·
			□Remove
			□ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Please ensure title is changed from manager to Managing Member. Thank you!		
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be lis	ted
cument's effective date on the Department of State's records.		
	•	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day aft	er th
s filed.	•	•
December 18 2019		
ted		
1111 F		
11/10		
Signature of a member or authorized representative of a member		
· /		
William W. Simmonds, MGRM		

Filing Fee: \$25.00