L19000119083

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration So Division of Cor				
eun inz	SIMPLE C				
SUBJEC	CT:	Name of Lin	nited 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:		
		INNA ERLIKH			
			Name of Person		
		CORONA TAX SERVIC	ES INC		
Firm/Company 3800 S OCEAN DR STE 216					
			Address	·	
		HOLLYWOOD, FL 3301	9		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information c	concerning this matter, please c	all:		
			at ()		
	Name c	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for t	he following amount:			
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Confficate 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 Addres	ss:	Street Address:	·	
	Registration	Section	Registration Sc	Registration Section	
	Division of C	•	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLE ONE LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)
he Articles of Organization for this Limited Liability Company were file lorida document number L19000119083	d on 05/01.2019 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability com	pany here:
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	202
Inter new mailing address, if applicable:	S S
Mailing address MAY BE A POST OFFICE BOX ₁	P
muning address MAT DE ATOST OF FICE BON	22
- -	
. If amending the registered agent and/or registered office address o	
gent and/or the new registered office address here:	20
	9
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
Civ	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, 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LANDIN, ANDREY	5012 GREENWAY DR	≣ Add
		HOLLYWOOD, FL 33021	□Remove
			□Add
			□Remove
			□Add
			□Remove
	•		□Change
			□Add
			Remove
			□Change
			Remove
			□Add
			Remove
			□Change

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ffectiv an effec	te date, if other than the date of filing:
	fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	0.9/15/2023
ated _	
ated _	12
Dated _	Signature of a member or authorized representative of a member
Dated _	12