L19000120911

(Requestor's Name)
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01/23/24--01029--007 **25.00



COVER LETTER

TO: Registration Se Division of Cor				
	TTLE, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GRETCHEN ORTIZ			
		Name of Person	· · · · · · · · · · · · · · · · · ·	
	LAW OFFICES OF GRE	TCHEN ORTIZ		
		Firm/Company	-	
	509 S CHICKASAW TRA	AIL 263		
		Address	-	
	ORLANDO, FLORIDA 3	2825		
		City/State and Zip Code		
	SIMPLYTITLE@GMAIL.			
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
GRETCHEN ORTIZ		407 627-1797 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLY TITLE, I	LC .	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/03/2019</u>	and assigned
Horida document number L19000120811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1970 E OSCEOLA PKWY	
Principal office address MUST BE A STREET ADDRESS)	PMB 328	
	KISSIMMEE, FL 34743	
nter new mailing address, if applicable:	1970 E OSCEOLA PKWY	
Mailing address MAY BE A POST OFFICE BOX)	PMB 328	<u> </u>
	KISSIMMEE, FL 34743	· •
		, , , , , , , , , , , , , , , , , , ,
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the	name of the new registe
generality the new registered office address here.		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	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 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
AMBR	JAZMIN VAZQUEZ ROLON	1970 E OSCEOLA PKWY	□Add
		PMB 328	□ Remove
		KISSIMME FL 34743	≡ Change
			□Remove
			□Change
			□Change
*			
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
			Change

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