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COVER LETTER

TO: Registration S Division of Co			
	NG SIMPLE LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EDWARD CANTY		
		Name of Person	
	INVESTING SIMPLE LU	.c	
	Firm/Company		
	20 CHURCH AVE		
		Address	
	BALLSTON SPA, NY 120	020	
		City/State and Zip Code	
	ECANTY04@GMAIL.CO	M (to be used for future annual report notification)	
For further information	concerning this matter, please c		
EDWARD CANTY	,	518 605-4215	
	of Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status & (3)
			MAR 2
Mailing Address: Registration Section		Street Address: Registration Section	ώ : π : π
Division of Corporations		Division of Corporations	
P.O. Box 6327		•	<i>い</i>
Tallahassee, FL 32314		2415 N. Monroe Street, Suitē 810 Tallahassee, FL 32303	2 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTING SIMPLE LLC			
(Name of the Limited Liability Compa (A Florida Limited i	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2019	_ and assig	gned
Florida document number L19000161808			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbr	eviation "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 agent and/or the new registered office address here:	address on our records, enter the name	of the new	registere
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			_
1. Con Tregistered State Francisco	Enter Florida street address	Zip Code	(2)
	, Florida	Zip Code	• 1
New Registered Agent's Signature, if changing Registered Agent:		25	***
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and Lam fai provided for in Chapter 605, F.S. Or, if	reto compl miliar will mis docu	nund ment is

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>	<u>Address</u>	Type of Action
AMBR	ANDREW T. CRIDER	1119 W MINNEHAHA PKWY	■Add
		MINNEAPOLIS. MN 55419	□Remove
		•	Change
			□Add
			□Remove
			Change
			□Add
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an effective date is lister	d, the date must be spec rted in this block doe	f filing: tific and cannot be prior to so not meet the applical	o date of filing or more t ble statutory filing rec	han 90 days after filing.)	Pursuangue 605.020' vill no oc listed as
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