

8/15/23, 4:47 PM

Division of Corporations

Florida Department of State

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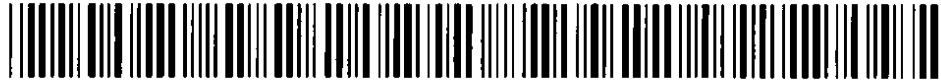
Division of Corporations

Electronic Filing Cover Sheet

**L19000185962**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC  
Account Number : I20170000063  
Phone : (786)343-9023  
Fax Number : (305)384-4684

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: monicalopez@flaccountingllc.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMALUAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**RECEIVED**

2023 AUG 16 AM 10:56

 DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

 DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG 16 AM 7:12

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AND  
FILED

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AUG 17 2023

K. Brumley

## COVER LETTER

(H23000283720 3)

TO: Registration Section  
Division of Corporations

SUBJECT: SIMALUAN,LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA LOPEZ

\_\_\_\_\_  
Name of Person

F&L ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

2414 NW 87TH PLACE SUITE 2414

\_\_\_\_\_  
Address

DORAL FL 33172

\_\_\_\_\_  
City/State and Zip Code

monicalopez@flaccountingllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA LOPEZ

786 267-4792  
at ( )

\_\_\_\_\_  
Name of Person

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 &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(H23000283720 3)

SIMALUAN LLC

(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 07/19/2019 and assigned  
Florida document number L19000185962.

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)**

4010 S Ocean Drive

APT 1406

HOLLYWOOD, FL 33019

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O F&amp;L ACCOUNTING SERVICES LLC

2414 NW 87TH PLACE, SUITE 2414

DORAL, FL 33172

**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:**

Name of New Registered Agent: F&L ACCOUNTING SERVICES LLC

New Registered Office Address: 2414 NW 87TH PLACE, SUITE 2414

*Enter Florida street address*

DORAL, Florida 33172

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SQUILLO, ANDRES M	4010 S Ocean Drive	<input type="checkbox"/> Add
		APT 1406	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pursuant to 68 USC 2071, 30(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated AUGUST 15th 2023

Signature of a member or authorized representative of a member

ANDRES M. SQUILLO

Typed or printed name of signer

**Filing Fee: \$25.00**

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