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COVER LETTER

TO: Registration of	Corporations
SIMO!	N REALTY & INVESTMENTS LLC
	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	PETERSON SIMON
	Name of Person
	SIMON REALTY & INVESTMENTS LLC
	Firm/Company
	560 PURDY LANE APT B 103
	Address
	PALM SPRINGS, FL 33461
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
PETERSON SIMON	561 543-8375 at ()
Nar	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
■ \$25.00 Filing Fee	Certificate of Status □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMON REALTY & INVESTMENTS LLC	y Company as it now appears on our reco	irds)
(A Florida	y Company as it now appears on our reco Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
riorida document number	- ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)	
		20/9 SEP
Enter new mailing address, if applicable:		7 20
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		o 1
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our recor	
registered agent and/or the new registered office add	ress neie.	. v
N. CNI - De l'assed Assent		, in -1
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street ada	J
	r.nier r ioriaa sireel aaa	ir ead
	City	Florida Zip Code
	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 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>	<u>Address</u>	Type of Action
AP	PETERSON SIMON		
			☐ Remove
1400	PETERSON SIMON		Change
MBR			B Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			☐ Change
			
			□ Remove
			Change

). If amending any oth	er information, enter c	change(s) here: (Att	ach additional sheets.	if necessary.)	
					
<u> </u>					
Note: If the date inse		and cannot be prior to dat of meet the applicable :	e of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605 ents, this date will not be list	5,0207 (3)(l ed as the
If the record specific (b) The 90th day a	es a delayed effective fter the record is file	e date, but not an	effective time, at 1	2:01 a.m. on the earli	er of:
SEPTEMBER	R 13TH	2019			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature o	f a member or authorized	I representative of a member	er .	
PETERS	ON SIMON				
		Typed or printed na	me of signee		

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Filing Fee: \$25.00