L19000213662

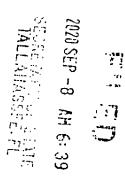
(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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D. BRUCE OCT 19 2020

COVER LETTER

Div	ision of Corp	orations	•			
SUBJECT:	SIMPLEX P	RODUCTS LLC		. 0		
SOBOLC I.		Name of Lin				
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		RICARDO CRUZ				
			Name of Person			
		_	Firm/Company			
		777 NW 72 AVE SUITE 2	2094			
			Address			
		MIAMI, FL 33126				
			City/State and Zip Code			
		RICARDO@SIMPLEXPR	ODUCTS.SHOP to be used for future annual report noti	fication)		
For further in	nformation cor	ncerning this matter, please co		,		
RICARDO O	CRUZ		305 542-8724 at ()		202 Tr	
	Name of I	Person	Area Code Daytim	e Telephone Number	2020 SEP	
Enclosed is a	check for the	following amount:			7A 8	- e:
≣ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status & 🔿	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLEX PRODUCTS 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 8/21/2019 __ and assigned Florida document number L19000213662 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Name	Address	Type of Action
MGR	MARK MEDINA	777 NW 72 AVE	
		MIAMI, FL 33126	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove TALLIAHASI
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If an effective date Note: If the date	if other than the dat is listed, the date must be e inserted in this block ctive date on the Depa	specific and does not m	cannot be p lect the ap	rior to date o plicable sta	of filing or my			ig.) Pursuant to	
e record specifierd is filed.	s a delayed effective d	ate, but not	an effectiv	e time, at	12:01 a.m. c	on the earlie	r of: (b)	The 90th day	after the
Dated AUGUS	Г 28ТН	,	2020		χ				
	Sig	mature of a n	nember or a	uthoreet	presentative	of a member			-

Filing Fee: \$25.00