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(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates (of Status
Special Instructions to	Filing Officer	



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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document Number	er, (if known):
1. SIMMS LLC	L20000062623
(Corporation Name)	Document #
2	
(Corporation Name)	Document #
X_ Walk in	Pick up time
Mail out	Will wait
Photocopy	Certified Copy
	Certificate of Status
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domesitication Other	 ✓ Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
· APOSTIL	Trademark Other

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document Number	er, (if known):
1. Simms LLC	L20000062673
(Corporation Name)	Document #
2.	
(Corporation Name)	Document #
X_ Walk in	Pick up time
Mail out	Will wait
Photocopy	Certified Copy
	Certificate of Status
NEW FILINGS	AMMENDMENTS
Profit Not for Profit Limited Liability Domesitication Other	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
· APOSTIL	Trademark Other

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
Simms	LLC		
SUBJECT:	Name of Lin	nited Liability Company	···
The enclosed Articles	of Amendment and feets) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Rachel Simms		
		Name of Person	
		Firm/Company	
	8488 Fowler In		
		Address	
	Spring Hill, FL 34608		
For further informatio	R.simms3girls@gmail.co F-mail address: (in concerning this matter, please e	to be used for future annual report is	stification)
Rachel Simms		352 340-7405	
Nam	ne of Person	at () Area Code Dayti	ine Telephone Number
Enclosed is a check to	or the following amount:		
₩ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration S	Section
Division of	f Corporations	Division of Co	orporations
P.O. Box 6	327 e. FL 32314	The Centre of	Tallahassee oe Street, Suite 810
rananassec	C. FD 24314	24 (J. 18, 1810)))	ca ancer anne an

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simms LLC				
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears nited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L20000062623	pany were filed on 02/2	25/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u> </u>			-
			2020 HAR	
Enter new mailing address, if applicable:			7	ا ا
(Mailing address MAY BE A POST OFFICE BOX)			~~ <u>``</u>	<u></u>
B. If amending the registered agent and/or registered of	Tice address on our rec	cords, enter the nan	re of the new Legis	ere
agent and/or the new registered office address here:			ē. F Δ	
Name of New Registered Agent:				
New Registered Office Address:	Enter Floria	ia street address		
		Florida		
	Cm ^c		Zip Cosh	-
New Registered Agent's Signature, if changing Registered As	gent:			
Thereby accept the appointment as registered agent and	l agree to act in this co	ipacity. I further as	gree to comply with	the

company has been notified in writing of this change

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

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	Jeffrey L. Anderson	8488 Fowler In. Spring hill, FL 34608	= Add
			□Change
			□Remove
			C'hange
			Dadd
			□Remove
			[] (Thange
			□Add
			□Remove
			□Change
			TJAdd
		□Remove	
			□Change
			JAdd
			□Remove
			□Change

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'Martin	a data if ather than the data of filing:
an effect	e date, if other than the date of filing:
<u>Sote:</u> If locumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
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
d is filed	
U,	3/02/2020
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	// ALLO IX V V V (N) / V Y / V TN /
	Signature of a member or authorized representative of a member