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COVER LETTER

TO: Registration S Division of Co				
Violet Bell				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Chelsie Fridley			
		Name of Person		
	Violet Belle LLC			
		Firm/Company		
	11946 Climbing Fern Ave			
		Address		
	Riverview, FL 33579			
		City/State and Zip Code		
	simplycharlesllc@gmail.co			
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
Chelsie Fridley		813 422-3990 at (
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration S	ection	
Division of Corporations		-	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Violet Belle 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 $\frac{03/31/2020}{1}$ and assigned Florida document number _____L20000093962 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Simply Charles LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11946 Climbing Fern Ave Enter new principal offices address, if applicable: Riverview, FL 33579 (Principal office address MUST BE A STREET ADDRESS) 11946 Climbing Fern Ave Enter new mailing address, if applicable: Riverview, FL 33579 (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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
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		□Remove	
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Page 2 of 3

). If amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	May 110 2021.
	Signature of a member or authorized representative of a member
	Chelsie Fridley
	Typed or printed name of signee