

h20 000 204184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

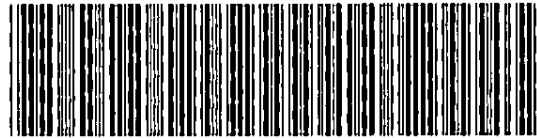
(Business Entity Name)

(Document Number)

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D. BRUCE  
SEP 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIMPLYORIGINAL 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:

ELIJAH N. LAGUNA

Name of Person

SIMPLYORIGINAL LLC

Firm/Company

7845 PARADISE ISLAND BLVD. APT. 4904

Address

JACKSONVILLE / FL 32256

City/State and Zip Code

simplyoriginalco11@gmail.com

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

For further information concerning this matter, please call:

ELIJAH N. LAGUNA

Name of Person

954

at ( )

Area Code

5484401

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**

SIMPLYORIGINAL 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 7/14/2020 and assigned  
Florida document number L20000204184.

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)**

7845 PARADISE ISLAND BLVD. APT. 4904

JACKSONVILLE, FL 32256

**Enter new mailing address, if applicable:**

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

7845 PARADISE ISLAND BLVD. APT. 4904

JACKSONVILLE, FL 32256

**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*

Florida

*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>	<u>Type of Action</u>
AMBR	ELIJAH LAGUNA	7845 PARADISE ISLAND BLVD, APT. 4904	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HUNTER MASTON	7845 PARADISE ISLAND BLVD, APT. 4904	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECURITY  
TALLAHASSEE, FL

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SECRET  
TALLAHASSEE, FL

(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 605.0207 (3)(b)

Dated 7/28/2020

Oliver N. Saguna

Signature of a member or authorized representative of a member

ELIJAH N. LAGUNA

Typed or printed name of signee

**Filing Fee: \$25.00**