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(Ře	equestor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

SUBJECT: Simply Clean Eats	OC Limited Linkillin Company	
. Name	e of Elimited Liability Company	
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jen	nater Portugado Name of Person	
_Simply	Clean Fats LLC Firm/Company	
5105	SW 137th CT Address	<u></u>
<u>Mion</u>	City/State and Zip Code	
5. Clean E-mail ac	Cats @ avrail. Com Idress: (to be used for future annual report notif	ication)
For further information concerning this matter, p	lease call;	
Jennifer Portugado Name of Person	ar (305_) _642-	2480
Name of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of St		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section

TO:

Registration Section Division of Corporations

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

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

Simply Clean Fork	22.3 ACS 10 FM 3: 54 LLC
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 7 15 2020 and assigned
Florida document number <u>L2000206607</u> .	i r
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	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
	Ther Formastreet dadress
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address 200 About 0 Fil 3: 54	Type of Action
MGR	Verrifer Partwords	5105 SW 137th CT	& Add
		5105 SW 137th CT Mioni, FL 33175	□Remove
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ive date, if other than the date of filing: _ ective date is listed, the date must be specific and car If the date inserted in this block does not meet ent's effective date on the Department of State	ot be prior to date of filing or mo he applicable statutory filing		
cord specifies a delayed effective date 90th day after the record is filed.	, but not an effective ti	me, at 12:01 a.m. or	the earlier
August 3	2020_		

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Filing Fee: \$25.00