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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMEON HOLDINGS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Colon AVA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simeon Holdings, LLC (Name of the Lim	Ited Liability Compa (A Florida Limited	iny av it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L20000277652			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A.			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		801 US Highway 1, North Palm Beach, Florida 33408	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		801 US Highway 1, North Palm Beach, Florida 33408	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our records, enter the	ne name of the new registere
Name of New Registered Agent:	Corporate Crea	agons recwork me.	
New Registered Office Address:	801 US Highw	Pay 1 Enter Florida street address	
	North Palm Be	each , Flor	ida 33408
		City	- Zip €ade
New Registered Agent's Signature, if changing	Registered Agent	<u> </u>	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	e performance of my duties, and	! I am familiar with and

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 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	Craig Heron	801 US Highway 1, North Palm Beach, Florida 33408	l _□Add
			_ 🗆 Remove
			_ = Change
			_ 🗆 Add
			_ □Remove
			□Change
			_ 🗆 Add
			_ 🗆 Remove
			_ []Change
			_ 🗆 Add
			_ 🗆 Remove
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			_ 🗆 Add
			_ □Remove
			_ Change

Filing Fee: \$25.00