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To:

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.\*\*

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

Certificate of Status	0
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OCT 25 2021

A. LUNT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simeon Holdings, LLC		
( <u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L20000277652	Company were filed on 09/04/202	and as oct 22
This amendment is submitted to amend the following:	:	22 <b>M 10: 1</b>
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here	red office address on our records	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	n address
		, Florida
New Registered Agent's Signature, if changing Registe	City	Zip Code
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my du l agent as provided for in Chapte ered office address, I hereby con,	ties, and I am familiar with and r 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	Type of Action
MGR	Craig Heron	801 US Highway 1	□Add
		North Palm Beach, Florida 33408	■Remove
			☐ Change
MGR Denver R. Beck	Denver R. Beck	801 US Highway I	■Add
		North Palm Beach, Florida 33408	□Remove
			☐ Change
		□Add	
			□ Remove
		Change	
			□Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			Chango

Typed or printed name of signee