121000045013

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Cor		·	
CUBIEC		y Maggie LLC		
SUBJEC	ι:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	um all correspo	ondence concerning this matter	to the following:	
		Maria D. Marrero-Feliciar	00	
			Name of Person	
		Semplice by Maggie LLC		
			Firm/Company	
		PO Box 452222		
			Address	
		Kissimme, FL 34745		
			City/State and Zip Code	
		semplicebymaggie@gmail.		
For furthe	r information c	e-man address: (to be used for future annual report notificall.	cation)
				7021
Мапа D	Marrero-Felicia		508 818-2449 at ()	Telephone Number
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for the	he following amount:		⁰ 5
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D	Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Sect Division of Corp	
	P.O. Box 632 Fallahassee, I		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Semplice by Maggie LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company v	vere filed on January 25, 2021	;	and assig	ned
(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 January 25, 2021 and assigned Florida document number L21000045013 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)		_		
	A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbrevia	ation "L.L.	C."
Enter new principal offices address, if applicable:	_ _	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
		- Vy4		- C à
		<u> </u>	202	10
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		! ;*****
			•	i } ,
	ldress on our records, <u>enter t</u>	the name of t		registere
agent and/of the new registered office address here.		: -	00	
Name of New Registered Agent:				
New Registered Office Address:			_	
	comment number L21000045013 Endment is submitted to amend the following: Intending name, enter the new name of the limited liability company here: Intending name, enter the new name of the limited liability Company, the designation "LLC" or the abbreviation of the principal offices address, if applicable: Intelligent address MUST BE A STREET ADDRESS) Intelligent address MAY BE A POST OFFICE BOX) Intelligent address on our records, enter the name of the didor the new registered office address here: Name of New Registered Agent:			
		rida		
	City	Zi _l	p 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>	Name	Address	Type of Action
AMBR	Maria D. Marrero-Feliciano	14162 Colonial Grand Blvd. Apt. 1409	🗀 Add
		Orlando, FL 32837	□Remove
			■ Change
AMBR	John A. Santiago Garcia	2600 Michigan Ave. Unit 453551	
		Kissimmee, FL 34745	Remove
			□ Change
			Add Ø
			Remove
			Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: (optional) fam 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 605.6 Note; If the date inserted in hits block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after d is filed.		
Effective date, if other than the date of filing: [
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ective date, if other than the date of filing:	(optional)	
te: If the date inserted in this block does not meet the applicable statutor		
cord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	l a.m. on the earlier of: (b) The 90th day after t	ihe
11 ; ;		
ed March 2, 2021.		
Allera D. Ward	Telicica entainse of a member	

Filing Fee: \$25.00