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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	,	of Status
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Special Instructions to I	Filing Officer:	

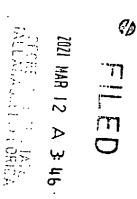
Office Use Only

04/29/2021 S.C.



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Simm	Name of Lim	ling & Fabrica	tion 11c	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Anthony	Simmons SR Name of Person		
	Simmons	Levelding & FA!	orication 11C	
	1231 cove	lake Road Address		
		City/State and Zip Code	3068 AS BE	<i>%</i>
	Lonsna 83 E-mail address: (to be used for future annual report noti	fication) \Rightarrow \Rightarrow \Rightarrow	
For further information co	oncerning this matter, please c	all:	>	<u> </u>
AAHOAU Name o	<u>5', m' m O 1 5</u> f Person	32. at (786) 655 Area Code Daytim	- 2985 #	<u> </u>
Enclosed is a check for the	ne following amount:			
	☐ \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 2-01-2021 and assigned
Florida document number <u>L210005</u> 558	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e 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	Type of Action
<u>AMB</u> R	Anthony Si	mmon 5/1231 cove lake	BOAC BAdd
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ffective date, if other than the date of filing: 2-01-2021	(optional)	4	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 cote: If the date inserted in this block does not meet the applicable statutory filing requirem	days after filing.)	Pursuan	it to 605.020° .ho listed as
ocument's effective date on the Department of State's records.	iems, mis date	will flot	De listed as
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier of: (b) The	: 90th d	av after the
d is filed.	. (.,		,
n 2 () - 11			
Dated * Do O O O O O O O O O O O O O O O O O O			
x withour Demmon 12			·
Signature of a member or authorized representative of a member	٠٠٠		