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SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

SIMPLE MOM CREATIONS, LLC

ECT: _____
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

: return all correspondence concerning this matter to the following:

KAYLIE D FUENTES

Name of Person

Firm/Company

1760 NW 102ND BLVD

Address

WILDWOOD, FL 34785

City/State and Zip Code

BLENDEDFARMCOLLECTIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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LIE D FUENTES

Name of Person

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25.00 Filing Fee

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☐ \$60.00 Filing Fee,
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Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

M = Manager
R = Authorized Member

Name	Address	Type of Action
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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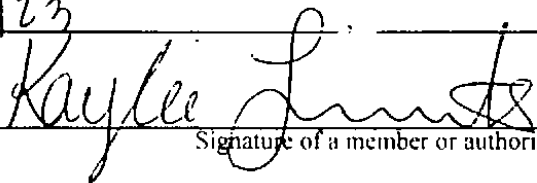
Effective date, if other than the date of filing: _____ (optional)

If the 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 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the order specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing.

12/17/23



Signature of a member or authorized representative of a member

KAYLIE FUENTES

Typed or printed name of signer