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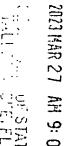
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CUDIECE	SIMPLY A	LLISON'S LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
	STACEY ALLISON-WALTERS				
	Name of Person				
SIMPLY ALLISON'S LLC					
Firm/Company					•
		7508 SW 7TH COURT			
Address				2023	
	NORTH LAUDERDALE, FL 33068				
			City/State and Zip Code		27
		s1711h@gmail.com			2023 KAR 27 AM 9: 08
			to be used for future annual report noti	fication)	
For further in	nformation co	oncerning this matter, please ca	all:		न् सह 80
STACEY ALLISON-WALTERS		954 790-0696 at ()			
Name of Person			e Telephone Number		
Enclosed is a	check for th	e following amount:			
■ \$ 25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our raited Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company were filed on 04/15/2021		and assigned		
liability company here:				
Liability Company," the designation	"LLC" or the abbrevi	ation "L.L.C."		
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		the new regis		
Enter Florida street d	uddress			
City	_, Florida	ip Code		
	liability company here: Liability Company," the designation	Liability Company," the designation "LLC" or the abbrevia S) Finter Florida street address Florida		

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 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>	<u>Name</u>	Address	Type of Action
MGR	ZILPHA MORGAN	4925 Northwest 53rd Street, Tamarac, FL 33319	= Add
			□Remove
			□Change
			□Add
			□Remove
	·····		Change Change Remove
		25 25 7	□Add
			□Remove □Change
		 	
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

f amending any other information, enter change(s) here: (Attach additional sheets. if nece			
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			_
ffective date, if other than the date of filing:	filing.) Pursua	ant to 60 of be lis	05.0207 sted as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th	day aft	er the
is filed. ated 3 21/2023 Signature of a member or authorized representative of a member STACEY ALLISON-WALTERS Typed or printed name of signee		2023 HAR 27	
Alle	Γ*	iAR ;	مند ال المراجعة
Signature of a member or authorized representative of a member			; ;
STACEY ALLISON-WALTERS	: n co	AH	, I
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