## L21000253687

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
operating the first decirities to 1 ming officer.				
İ				

Office Use Only



000372934200

09/13/21-01016-017

2021 DEC -2 PM 1: 0!

Y SULKER DEC 03 2021



October 12, 2021

CHRIS CAMPIONE 3200 EMERSON STREET JACKSONVILLE, FL 32207

SUBJECT: THE SIMONS ORGANIZATION, LLC

Ref. Number: L21000253687

We have received your document for THE SIMONS ORGANIZATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00023183

Yasemin Y Sulker Regulatory Specialist III

ro: Registration Sec Division of Corp	ction . porations					
The Simons	Organization, LLC					
Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter to	the following:				
	Chris Campione					
	Name of Person					
	Campione Law PA					
	Firm/Company					
	3200 Emerson Street					
	Jacksonville, FL 32207					
	City/State and Zip Code					
	cc@campionclawpa.com	o be used for future annual re	nort notification)			
			port networks,			
For further information	concerning this matter, please ca	ill:				
Kevin Harris		904 990- at ()	8400			
Name	e of Person	Area Code	Daytime Telephone Number			
Employed is a check fo	r the following amount:					
\$ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		atus &		
Mailin <u>e</u> Add	iress:	Street Ag	Idress:			

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

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

And the second second

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	int to see	ction 605.0209, F.S., this document is being submitted to	correct a previously filed document.
LIDC	I': The n	ame of the limited liability company is: The Simons Orga	nization, LLC
FIRS.	<u>.</u> . THE H	ame of the finited habitity company is.	
SECC THIR		The Florida Document number of the limited liability  Document to be corrected is:	company is:
11111			
,		(CHECK THE APPROPRIATE BOX AND COMPL	ETE THE APPLICABLE STATEMENT
र्च		nins an incorrect statement. The incorrect statement, the nent are as follows:	reason the statement is incorrect, and the corrected
	The r	name of the LLC is "The Simons Organization, LLC".	
	The	name is misspelled.	
	The r	name is being requested to be changed to "The Simmons Or	ganization, LLC".
	OR		
		defectively signed. The manner in which the document llows:	was defectively signed and the appropriate correction are
			DEC -2 PM
	<u>or</u>		SEE. FL
	The	electronic transmission of the record was defective.	10/26/2021
		Shaun Simmons	0
		Signature of Authorized Representative	Date
Signa accep	ature of pting the	new registered agent, if applicable :( NOTE: if correcting designation).	g the registered agent, the new registered agent must sign
I her provi oblig refle	eby acci isions of	of my position as registered agent as providea for in Cha Inge in the registered office address, I hereby confirm tha	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept the pter 605, F.S. Or, if this document is being filed to merely I the limited liability company has been notified in writing
		Registered Agent	s Signature
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)