

K21000252141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

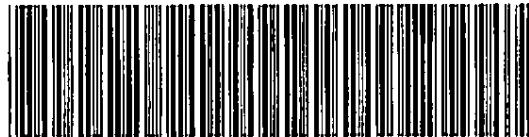
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/29/21--01033--012 **113.75

21 DEC 27 PM 4:28

T. MATTHEWS

JAN 10 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 13 AM 8:16

December 13, 2021

SUZANNA HAINES
11246 KAPOK GRAND CIR
MADDEIRA BEACH, FL 33708

SUBJECT: SIMPLISTIC CARE SOLUTIONS LLC
Ref. Number: L21000282141

We have received your document for SIMPLISTIC CARE SOLUTIONS LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews
OPS

Letter Number: 421A00030001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simplistic Care Solutions
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Suzanne Haines
Name of Person

Simplistic Care Solutions
Firm/Company

11246 Kapok Grand Circle
Address

Maclera Beach-Fla 33708
City/State and Zip Code

Haines613@901.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Haines at (920) 288-9021
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Simplistic Care Solutions PH-4: 26

(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 6-17-21 and assigned Florida document number 21006282141

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18395 GULF BLVD
Suite 202
Indian Shores - Fla
33785

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mary Scigletti

New Registered Office Address:

14244 KAPOK GRAND CIRCLE
Enter Florida street address

18395 GULF BLVD
Suite 202
Indian Shores - Fla
33785

MADENNA BEACH Florida 33708
City Zip 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.

Mary Scigletti
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I would like to add Mary
Scigletti as an equal
Partner of Simplistic
Core Solutions LLC.

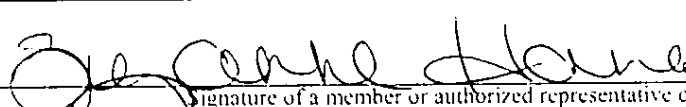
E. Effective date, if other than the date of filing: 11-1-21 (optional)

(If an 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 605.0207 (3)(b)

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

If 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 the record is filed.

Dated 11-1-21


Signature of a member or authorized representative of a member

Suzanne Haines

Typed or printed name of signee

Mary Scigletti

Mary Scigletti