

121 000462060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

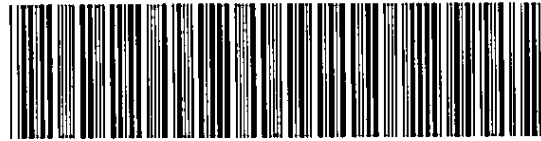
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/23/22--01019--011 \$650.00

2023/12/22 PM 3:11

12/22/2023

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2022

JOHN JOKI-PESOLA
16027 89 PL N
LOXAHATCHEE, FL 33470

SUBJECT: SIMPLY CONSTRUCTION SOLUTIONS LLC
Ref. Number: L21000462060

We have received your document for SIMPLY CONSTRUCTION SOLUTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Michael A Hall
OPS Clerk

Letter Number: 722A00027949

2022-12-15 11:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simply Construction Solutions LLC
Name of Limited Liability Company

2023 MAR 22 PM 3:11

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

Please return all correspondence concerning this matter to the following:

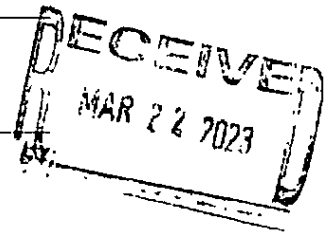
Jouni V.E. Joki-Pesola
Name of Person

Firm/Company

16027 89th Pl N, Fort
Address

Luxahatchee, FL 33470
City/State and Zip Code

John.Pepsi@gmail.com
E-mail address: (to be used for future annual report notification)



For further information concerning this matter, please call:

Jouni at (561) 760 1511
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**

Simply Construction Solutions LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023-09-22 11:31

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L21000462060

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)

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:

Jouni V. E. Joki-Pesola

New Registered Office Address:

16027 89th Pl N

Enter Florida street address

Loxahatchee, FL

City

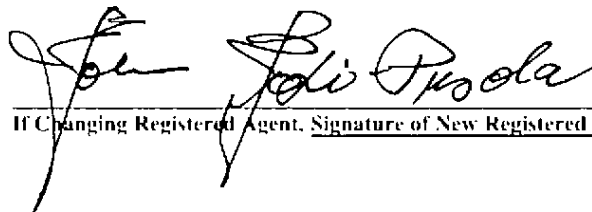
Florida

33470

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.


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.)*

2023 FEB 22 PM 3:11

E. Effective date, if other than the date of filing: _____ (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 Feb 27th 2023

Signature of a member or authorized representative of a member



Typed or printed name of signee