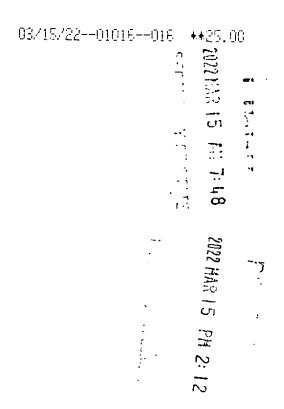
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Marger File Art of Amend. File Fictitious Name File Trade/Service Mark Marger File Art of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Search Fictitious Search Driving Record UCC 10 of 3 File UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Reineval			
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Annual Report / Reinstatement			RA Resignation
Cert. Copy			Dissolution / Withdrawal
Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
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Requested by:	Signature		Vehicle Search
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Walk-In Will Pick Up Courier			- UCC !! Search
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			Courier

COVER LETTER

	Registration Sec Division of Corp			
eun me		ERPRISE GROUP LLC		
SUBJEC'	I:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspor	ndence concerning this matter	to the following:	
		CORY DEREK SIMS		
		•	Name of Person	
		SIMS ENTERPRISE GRO	DUP LLC	
			Firm/Company	
		304 INDIAN TRACE, SU	ITE 200	
			Address	- · · · · · · · · · · · · · · · · · · ·
		WESTON, FL 33326		
			City/State and Zip Code	
		CDSIMS1982@GMAIL.CO	OM to be used for future annual report notifi	ination
For furthe	r information co	oncerning this matter, please co		ication)
	EREK SIMS		954 801-3832	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAR 15 JM 7: 48

SIMS ENTERPRISE GROUP LLC

(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 Florida document number 1.21000525879	were filed on 12/14/2021	and assigned
Florida document number (12133032307)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	796 TULIP CIR	
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327	
	796 TULIP CIR	
Enter new mailing address, if applicable:	WESTON, FL 33327	
(Mailing address MAY BE A POST OFFICE BOX)		··
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	, F1	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	z.p Coue
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	CAROLINA I SIMS	304 INDIAN TRACE, SUITE 200	
	WESTON, FL 33326	■ Remove	
			☐ Change
			Add
			Remove
			☐ Change
		<u> </u>	
			□ Remove
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(If an ef Note:	ive date, if other than the date of filing: [FILING DATE] (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	CORY DEREK SIMS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00