

121 000 532 180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

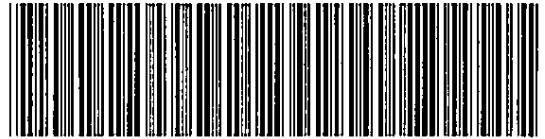
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2022 JAN 24 PM 1:47

FILED

Taft/

2200 IDS Center, 80 South 8th Street
Minneapolis, MN 55402
Tel: 612.977.8400 | Fax: 612.977.8650
taftlaw.com

Affirmative Action, Equal Opportunity Employer

Xander Schmidt
612.977.8130
XSchmidt@taftlaw.com

January 20, 2022

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

Re: Simon and Kamps Consultants LLC - Amendment to Articles (ID L21000532180)

Dear Sir or Madam :

Please find enclosed the signed Amendment to the Articles of Organization for Simon and Kamps Consultants LLC (L21000532180) to change the name of the entity from "Simon and Kamps Consultants LLC" to "Simon and Kamps Consulting LLC", effective as of the date of this filing.

Also enclosed is a check in the amount of \$25.00 for said filing.

Please address any questions, comments and evidence of filing to me at XSchmidt@taftlaw.com.

Sincerely,

Taft Stettinius & Hollister LLP



Xander Schmidt

RECEIVED
2022 JAN 20 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Simon and Kamps Consultants LLC

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:

Xander Schmitz

Name of Person

Taft Stettinius and Hollister LLP

Firm/Company

2200 IDS Center 80 South Eighth Street

Address

Minneapolis, MN 55402

City/State and Zip Code

XSchmitz@taftlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xander Schmitz, Paralegal

612 977-8130
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

22-D9A52E325505

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

Simon and Kamps Consultants 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 were filed on December 22, 2021 and assigned
Florida document number L21000532180

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Simon and Kamps Consulting LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

Civ'

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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 January 20, 2022

Declassified by
Joseph T. binning
11-25-2013

Signature of a member or authorized representative of a member

Joseph Kinning, authorized representative of member

Typed or printed name of signee