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T. MATTHEWS FEB 2 1 2022

COVER LETTER

то:	Registration S Division of Co		8 · • • • •	•
	Simons In	evestment Properties, LLC	•	
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please ro	eturn all corresp	ondence concerning this matter	to the following:	
		Chris Simons		
			Name of Person	
		Simons Investment Propert	ties, LLC	
			Firm/Company	
		8416 Palm Lakes Cı		
			Address	*
		Sarasota, Fl. 34243		
			City/State and Zip Code	
		simonsinvestmentproperties	s@gmail.com to be used for future annual report notif	Testion)
For furth	her information	concerning this matter, please of		
Chris S	imons		941 993-0587 at ()	
	Name	of Person	Area Code Daytimo	· Telephone Number
Enclose	d is a check for	the following amount:		
□ \$ 25	.00 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)

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**

22 FEB -7 PH 3: 11

Simons Investment Properties, LLC	<u> </u>		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number L22000027367	any were filed on 1/12/2	2	and assigned
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 L	Liability Company," the desig	nation "LLC" or the a	bbreviation "L.IC."
Enter new principal offices address, if applicable:		<u>. </u>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off	ice address on our reco	rds, enter the nam	ne of the new regi
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	(7)	Florida	Zip Code
	,	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

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 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>	Address	Type of Action
MGR	Chris R Simons		□Add
			Remove
		8416 Palm Lakes Ct Sarasota Fl. 34243	■ Change
MGR	Jennifer R Simons		□Add
			Remove
		8416 Palm Lakes Ct. Sarasota Fl. 34243	■Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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Note: [ce date, if other than the date of filing:	l ,.) Pursuant to 605.0207 : will not be listed as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d.	he 90th day after the
Dated _	2/1/23 M. Sumon Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	