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SECRETARY OF STATE

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A. BUTLER FEB 2 3 2022

COVER LETTER

TO:	Registration Se Division of Cor			• : •
er n re	Simon&Tue	eker Homes LLC		
SUBJE	ω1: <u> </u>	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lashonda D Tucker		
			Name of Person	
		Simon&Tucker Homes LL	С	
Firm/Company				
	9535 Delancy Creek Blvd Apt 117			
			Address	·····
		Tampa, Fl 33619		
			City/State and Zip Code	
		elwoodsimon@gmail.com	. 1 - 15 - 5	
For furtl	ner information e	e-main address: (i) oncerning this matter, please ca	to be used for future annual report noti all:	neadon)
Lalshon	da D Tucker		386 2905641 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for tl	ne 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 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Simon&Tucker Homes LLC

2022 FEB | 4 PM |: | 1

(Name of the Lin	nited Liability Company as it now appear	s on our records.).
	nited Liability Company as it now appear (A Florida Limited Liability Company)	TALLAHASSEE
The Articles of Organization for this Limited	Liability Company were filed on $\frac{01}{2}$	18/2022 and assigned
lorida document number 01/10/2022		
	11 1	
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
3. If amending the registered agent and/or		cords, enter the name of the new registe
gent and/or the new registered office addr	ess nere:	
	Sharonda Llenarez	
Name of New Registered Agent:	Sharonda Lichardz	
New Registered Office Address:	649 Sunlit coral st	
	Enter Flor	ida street address
	Ruskin	, Florida 33570
	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.

811.

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	Elwood I Simon	9535 Delaney Creek Blvd apt 117 Tampa, Fl 33619	□Add
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		01/10/	2022			
neffective date is li te: If the date in	other than the date sted, the date must be spo screed in this block do be date on the Departm	eific and cannot be es not meet the a	pplicable statutory	g or more than 90 di filing requirement	(optional) sys after filing.) Pursu nts, this date will no	ant to 605.0207 of be listed as
ecord specifies a c s filed.	delayed effective date.	but not an effect	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
ted 02/08/2022			· ·			
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Typed or printed name of signee