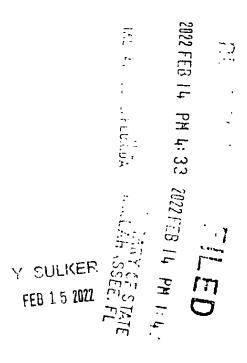
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PICK-UF	WAIT MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions t	o Filing Officer:
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92/15/22--01002--014 \*\*25.00



## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: włopez@aisincfl.com & Website: www.aisincfl.com

Del Simon LLC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY  Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 2/14/22 TIME
Notes:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Der Simon	LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on a ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed onot	25/2022	_ and assigned
Florida document number L 220000 45 941			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	nability Company," the designi	nion "LLC" or the abbre	viation "L.L.C"
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS.	<u> </u>	·	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address here:	ce address on our record	ds, enter the name o	2027 File Property Company
Name of New Registered Agent:		· ·	
New Registered Office Address:	Enter Florula st	one additions	
	Litter r tortita su		
	Cin-	, Florida	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 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
MGR	SIMONOVSKA	DRAGANA	
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			ZChange
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