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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	DITTIPLE SACPS Name of Lim	SCI LCUILLY LL ited Liability Company	<u>().</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bicido	Name of Person	
	· · · · · ·	Firm/Company	
	302/ NE	219 AUC APT 1	
		Clerciale F1. 35 City/State and Zip Code OICHCOLICETON @ G to be used for future annual report notified.	
For further information co	E-mail address: (to oncerning this matter, please ca		fication)
POLITICAL F	3-BICTELI Person	at (SC) 2018 Area Code Daytimo	152 e Telephone Number
Enclosed is a check for th	e following amount:		
ਯ \$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

	OF The state of th
(Name of the Limited Liability Cor (A Florida Limit The Articles of Organization for this Limited Liability Compa Florida document number <u>L2200029140</u> 5	1 01
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
SIMPLE Steps for Learning L. The new name niust be distinguishable and contain the words "Limited Limited Limi	lability 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)	3031 NE 21 <sup>ST</sup> Ave Apt 1 Fort Lauderdale, F1: 33306
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	Brenda B. Breton
New Registered Office Address: 30	31 NE 21STAVE APT 1  Enter Florida street address
	Lauderdale, Florida 33306  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>	Name	Address	Type of Action
MER	Brenda B. Breton	3631 NE 215 AVE Apt 1	🖹 Add
		Fort Lauderdale Fl. 33206	_ □ Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
	·		□Remove
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			_ □Add
			_ ©Remove
			(T) Changes

. II amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing: Object 12022 (optional) (o
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 8, 2022, 2
	Signature of a member or authorized epresentative of a member
	Brenda B. Breton Typed or printed name of signee