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(Requestor's Name)
(to question of the control of the
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/18/23--01015--007 **25.00

COVER LETTER

TO: Registration Se Division of Cor		•	
	gn Soaps, LLC	,	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Terlingo		
	<u> </u>	Name of Person	
	Simple Reign Soaps, LLC		
		Firm/Company	
	1150 NW 99th Avenue		
		Address	
	Pembroke Pines, FL 3302	4	
		City/State and Zip Code	· . ·
	dee@simplereignsoaps.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	inication)
	concerning this matter, prease c		1. 0 2. 1 2. 1 2. 1 2. 1 3. 1 4. 1 4. 1 4. 1 4. 1 4. 1 4. 1 4. 1 4
Diana Terlingo		954 328-4797 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on 11.22.2022 (eff. 01.01.2023) as	nd assigned
ted liability company here:	
ted Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C."
ESS)	123
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	<u> </u>
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office address on our records, enter the name of the	ne new regist
Enter Florida street address	
DI	
, Florida City Zip	Code
1	ompany were filed on 11.22.2022 (eff. 01.01.2023) at 20.00 at 20.0

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>	Address	Type of Action
P	Diana Terlingo	1150 NW 99th Avenue	□Add
		Pembroke Pines, FL 33024	
			□Change
MGR	Diana Tertingo	1150 NW 99th Avenue	≣ Add
		Pembroke Pines, FL 33024	□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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·			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

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			20.
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effective date is listed, the date rate: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of is block does not meet the applicable status e Department of State's records.	(optional) (illing or more than 90 days after filing tory filing requirements, this date	Pursuant to 605.0207 (3)(b will not be listed as the
cord specifies a delayed effec i filed.	ctive date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) Th	e 90th day after the
January 11	2023		
···	0		
	Signature of a member or authorized repre	acentative of a burst -	