(shown below) on the top and bottom of all pages of the document.

(((H23000097546 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMPLE NEEDS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Simple Needs LLC | | |
|---|--|---------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number L23000088245 | | and assigned |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of th | ne limited liability company here: | |
| The new name must be distinguishable and contain the word | Is "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET) | (DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or registered office address h | istered office address on our records, enter the na | ime of the new registered |
| Name of New Registered Agent: | A TOTAL CONTRACTOR OF THE PARTY | -p C |
| New Registered Office Address: | Enter Florida street address | 3:02 |
| | Florida | • |
| • | Cuy | 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> | Address | Type of Action |
|---------------|---------------|------------------------|----------------|
| MGR | BALES, TREVOR | 7901 4th St N STE 300 | X)Add |
| | | St. Petersburg FL 3370 | 2 □Remove |
| | | | □Change |
| y | | | □Add |
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| Effective date, if other than the date of filing: ((I) an effective date is listed, the date mast be specific and canasts be prior to date of filing or more than 90 days after filing, Pursuant to 60\$ 0207 (\$) More: If the date insperted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated 03/14 2023 Realizer France Signature of a member or authorized representative of a member | - If amending | g any other informatio | on, enter change(s) here: | (Attach additional sheet. | s, if necessary.) | |
|---|---------------------------------|--|---|--------------------------------|-------------------------------------|-------|
| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filled. Dated 03/14 2023 Signature of a member or authorized representative of a member | | · " | | | | |
| Effective date, if other than the date of filing: | | | | | | |
| Effective date, if other than the date of filing: | | | | | | |
| Effective date, if other than the date of filing: | | ···· | | | · | |
| Effective date, if other than the date of filing: | <u> </u> | .,,,, | | | | |
| Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated 03/14 2023 Signature of a member or authorized representative of a member | | | <u></u> | | | |
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| | Dated | 03/14 | . 2023 | ٠, | | |
| DORIN JONES | | Si | gnature of a member or authori | zed representative of a member | r | |
| Typed or printed name of signee | | | ROBIN JO | DNES | | |

Filing Fee: \$25.00