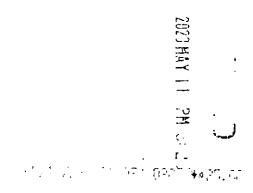
L23000163885

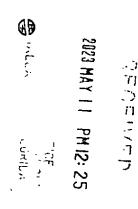
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

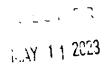
Office Use Only



800408374398







COVER LETTER

Registration Section Division of Corporations
GECT: SIMA ELITE GROUP LLC Name of Limited Liability Company
inclosed Articles of Amendment and fee(s) are submitted for filing.
2 (eturn all correspondence concerning this matter to the following:
Staling Sierra Name of Person
Fum/Company
24811 SW 114 CT
Homestead, Fl 33033
Franciscomarin 714 @ amail. com E-mail address. (to be used for tourse annual report notification)
orther information concerning this matter, please call:
Staling Sieria at (186) 442-5157 Name of Person Area Code Daytime Telephone Number
ored is a check for the following amount:
X = 5.00 Filing Fee Solution Fee Solution Filing Fee Solution Fili

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

Articles of Organization for this Limited Liability Company were filed on 04 03 23 la document number <u>123000163885</u> imendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." conew principal offices address, if applicable: acipal office address MUST BE A STREET ADDRESS) τ new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) A amending the registered agent and/or registered office address on our records, enter the name of the new registered :) and/or the new registered office address here: Name of New Registered Agent New Registered Office Address: Erner Fjorida street address · Registered Agent's Signature, if changing Registered Agent: why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and r the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 2 filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

my has been notified in writing of this change.

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

.R = Manager

::R = Authorized Member

	Name	Address	Type of Action
MBR-MGR	Staling Sierra	24811 SW 114 CT	ClAdd
	U	Homestead FL 33032	□Remove
			Change
MBR-MGK	Francisco Marin	10792 NW 81ST LN	X\dd
		DOYA! FL 33178	□Remove
			□Change
· -			🗆 🗆 🗆 🗆
			□Remove
			□Change
-			🗆 Add
			□Remove
			[]Change
			□Add
			□Remove
			IChange
			□Add
_			□Remove
			DChange

amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
in effec ofe: T	e date, if other than the date of filing: tive 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 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a static on the Department of State's records.
cord is file	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 d.
ated _	
	Staling Sileyra Signature of a member of anthorized representative of a member
	Stating Sierra

Filing Fee: \$25.00