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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company		•	20
The enclosed Articles of	Amendment and fee(s) are sul				2023 JUN 21 AM 10: 46
Please return all correspo	ondence concerning this matter	to the following:		·	WH 10:
	KAREN LLERA				94
		Name of Person	Lirer		
	SIMKINS GLOBAL INV	ESTMENTS MIDTOWN, LLC			
		Firm/Company			
	5080 BISCAYNE BLVD.	, SUITE A			
		Address		_	
	MIAMI, FL 33137-3218				
		City/State and Zip Code		_	
	KLLERA@SIMKINSIND				
	E-mail address:	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please of	all:			
KAREN LLERA		305 899-8184			
Name o	f Person		ie Telephone Numb	er	•
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fe rate of St ed Copy al copy is o	atus &

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

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SIMKINS GLOBAL INVESTMENTS MIDTOWN, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	11.575.4.2022	
The Articles of Organization for this Limited Liability Compa	my were filed on JUNE 14 2023	and assigned
Florida document number L23000288076		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our records, enter the n	ame of the new registere
agent and/or the new registered office address here:		 -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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	DAVID SIMKINS	5080 BISCAYNE BLVD., SUITE A	≣ Add
		MIAMI, FL 33137-3218	□Remove
			□ Change
			🗆 Add
			Remove
			<u></u>
			
			□Remove
			□Change
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			□Remove
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ective date, if other than	the date of filing:	(optional)	205.0000
	must be specific and cannot be prior to date of f s block does not meet the applicable statut		
	e Department of State's records.	. •	
	ctive date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 9	Oth day after the
s filed.			
JUNE 16	2023		
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/			

Typed or printed name of signee