L23000520163

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COVER LETTER

TO:	Registration Se Division of Cor								
SUBJE	ECT: Simmonds R	Real-Estate and Remolding Ser							
	Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ndence concerning this matter	to the following:						
			lan Simmonds						
			Name of Person						
			Firm/Company						
16039 SW 54 CT									
Address Mirmar, FL 33027									
	City/State and Zip Code								
		smmsteeve@iclo E-mail address: (ud.com to be used for future annual report notifica	tion)	2024				
For fur	ther information c	oncerning this matter, please c	all:) () () () () () () () () () (-1			
la	n Simmonds		at (305) 338-2625		1	··· <u>rueza</u>			
	Name of		Area Code Daytime T	elephone Number	P ω ω ω ω ω ω ω				
Enclose	ed is a check for tr	ne following amount:			',' ω				
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &				

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

Simmonds Real-Estate and Remolding Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/17/2023 _ and assigned Florida document number L23000520163 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Simmonds Real-Estate and Remodeling Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Cin

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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)(b) 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. If 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 record is filed. lan Simmonds Signature of a member or authorized representative of a member Ian Simmonds Typed or printed name of signee

Filing Fee: \$25.00