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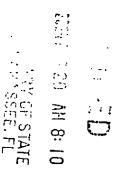
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Secti Division of Corpo		α,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SUBJECT:	6 SIM Name of Lim	ited Liability Company		
	and for (a) use cub	smitted for filing		
	mendment and fee(s) are sub			
Please return all correspond	ence concerning this matter			
	Alection	bopralez 510	100	
	A 66.	Name of Person		
		Firm/Company		
	5613 bat	eway Dz		100 100 100 100
	Lawpa .	Address Floricla 3361 City/State and Zip Code	Nessen See	20 AH 8:
	aledys 2004 (City/State and Zip Code Quail, com (to be used for future annual report notif	ication)	8: 10
	neerning this matter, please	call:	-	•
Alecty's GON Name of	Otalez Ginion Person	at (813) 573 C	3269 Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
Mailing Address		<u>Street Address:</u> Registration Sec	ction	

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

A 6 SIMON LLC

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

(A Florida Limited Liability Company)

(Name of the Limited Liability Compar (A Florida Limited L	лаонну Сопрану)		
The Articles of Organization for this Limited Liability Company	were filed on		_ and assigned
Horida document number <u>L 24000350029</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
		of Control of the	53 W 1 C "
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abore	viation L.L.C.
Enter new principal offices address, if applicable:			· · · · · ·
Principal office address MUST BE A STREET ADDRESS)			73 ⁻
		\\$\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_
		(n ⁻¹)	
		T 5	8: "
Enter new mailing address, if applicable:			-
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, <u>enter the name o</u>	f the new reg
Name of New Registered Agein.			<u> </u>
New Registered Office Address:			
	Enter Florida st	treet address	
		, Florida	Zip Code
	City		

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:

	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u> _	Gerald Roderquez		□Add
		5613 Gutowny De Taupa 336	15 te Remove
			□Change
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an effective date is listed, the date must be	specific and cannot b	oe prior to date o	f filing or more tha	(option 90 days after	filing.) Pur	suant to	605.020
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	ite, but not an effec	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90t	h day a	fter the
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Filing Fee: \$25.00