

L94000000434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

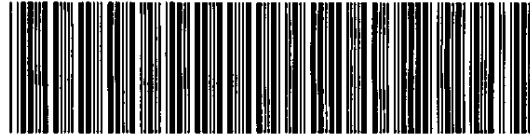
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

Sims Brothers Holdings, LC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark H. Sims

Name of Person

Sims Brothers Holdings, LC

Firm/Company

1077 NE 98 St.

Address

Miami Shores, FL 33138

City/State and Zip Code

haldeman.gail@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark H. Sims

954

806-7410

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 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 Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

Sims Brothers Holdings, LC

(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 08/31/1994 and assigned
Florida document number L94000000434.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7250 NW 8th Street

Miami, Florida

33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1077 NE 98 Street

Miami Shores, Florida

33138

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TALLAHASSEE, FLORIDA

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:

Mark H. Sims

New Registered Office Address:

1077 NE 98 Street

Enter Florida street address

Miami Shores

Florida

33138

City

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.

Mark H. Sims
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

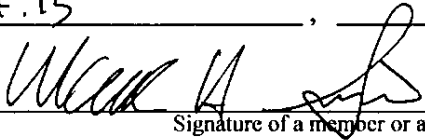
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alan D. Sims	16670 SW 148 Ave.	<input type="checkbox"/> Add
		Miami, FL 33187	<input checked="" type="checkbox"/> Remove
MGR	Gail A. Haldeman	1077 NE 98 St.	<input checked="" type="checkbox"/> Add
		Miami Shores, FL	<input type="checkbox"/> Remove
MGR	Caroline Haldeman-Emme	1077 NE 98 St.	<input checked="" type="checkbox"/> Add
		Miami Shores, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3.14.15, _____



Signature of a member or authorized representative of a member

MARK H. SIMS

Typed or printed name of signee