KZ1000324503

(Requestor's Name)
(Address)
(Address)
(1000)
(2) 10 1 (2) 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700378800627

51 117 22 + 611000 - 195 - ++25.60



A. BUTLER JAN 2 0 2022

COVER LETTER

	legistration Se livision of Cor			
SUBJECT		incial Solutions LLC	-	
SUBJECT	ı; <u> </u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		Michael T. McNeal		
			Name of Person	······································
		Senior Financial Solutions		
			Firm/Company	
		3651 Fountain Mist Dr. Ur	nit 102	
			Address	
		Tampa, FL 33614		
			City/State and Zip Code	
		MTMcNeal.scpac@gmail.c	om to be used for future annual report not	Mark Inc.
For further	r information c	oncerning this matter, please c		incation)
Michael T	. McNeal		813 505-6008	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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)
	<u>failing Addres</u> legistration 5		<u>Street Address:</u> Registration Sc	ection
	Division of C		Division of Co	•

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i

Senior Financial Solutions LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	, <u>.</u>
The Articles of Organization for this Limited Liability Florida document number 1.21000324503	Company were filed on July 16, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Simplified Financial Solutions LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "ELC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zin 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>	Address	Type of Action
		- -	□Add
			□Remove
			□ Change
			□Add
			□ Петоче
			□Change
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		-	□Change
			□Add
		·	□Remove
			□ Change

fective date, if other than the date of filing: (optional)						
Sective date, if other than the date of filing:						
Sective date, if other than the date of filing:						
rective date, if other than the date of filing:				·		
rective date, if other than the date of filing:	·					
rective date, if other than the date of filing:						
rective date, if other than the date of filing:						
ective date, if other than the date of filing:			······································			
Tective date, if other than the date of filing:			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Tective date, if other than the date of filing:						
Fective date, if other than the date of filing:						
Tective date, if other than the date of filing:						· · ·
rective date, if other than the date of filing:						
Tective date, if other than the date of filing:			_			
Tective date, if other than the date of filing:						
Tective date, if other than the date of filing:						
Tective date, if other than the date of filing:						
neffective 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 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Ecord 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 is filed.						
n 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 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as eument's effective date on the Department of State's records. ecord 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 is filed.						
neffective 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 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Ecord 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 is filed.				•		
n 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Ecord 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 is filed.						
n 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 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as eument's effective date on the Department of State's records. ecord 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 is filed.						
is filed.	n effective date is listed, the c te: If the date inserted in	late must be specific a this block does not	ind cannot be prior t Emieet the applica	o date of filing or mo	re than 90 days after fil	ing.) Pursuant to 605.0207
Michael T. M. Signature of a member or authorized representative of a member		effective date, but n	ot an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Michael T. M. Heal Signature of a member or authorized representative of a member	January 4 ted		2022			
/ Signature of a member or authorized representative of a member		1 2404	0			
	Michael	T. M Hea	<u>{</u>			

. .

Filing Fee: \$25.00