

L20 000014882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

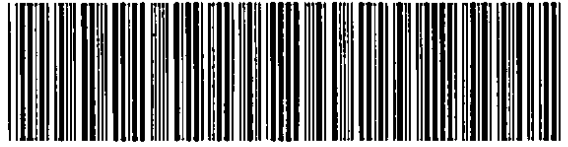
(Business Entity Name)

(Document Number)

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2020 MAR -2 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

03/02/20

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ISK Smothers L.L.C.

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:

Samuel Smothers

Name of Person

ISK Smothers L.L.C.

Firm/Company

15914 Bainebridge dr

Address

jacksonville, fl 32218

City/State and Zip Code

srsmothers3@yahoo.com

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

For further information concerning this matter, please call:

samuel smothers

904

416-8165

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 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**

ISK Smothers L.L.C.

(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 January 21st, 2020 and assigned
Florida document number L20000014882.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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.

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>	<u>Type of Action</u>
MGR	Samuel Smothers	15914 Bainebridge dr	<input checked="" type="checkbox"/> Add
		Jacksonville, fl 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Smothers	15914 Bainebridge dr	<input type="checkbox"/> Add
		Jacksonville, fl 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Isaisha Chandler	15914 Bainebridge dr	<input type="checkbox"/> Add
		Jacksonville, fl 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I initially submitted this document thinking i was making myself the

owner and my wife and daughter authorized members. I was told when i went to open a business checking

account that i failed to add myself as the owner of the business and that i only added myself as the agent.

I need to make sure that i, Samuel Roland Smothers III, is listed at the business owner and my wife Kimberly

Smothers and my daughter Isaisha Chandler is listed as authorzied members.

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TALLAHASSEE, FLORIDA

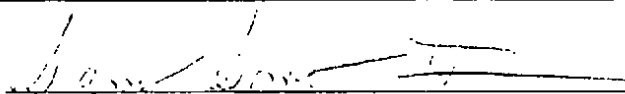
E. Effective date, if other than the date of filing: 1-21-2020 (optional)

(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.

Dated February 27th, 2020



Signature of a member or authorized representative of a member

Samuel Smothers III

Typed or printed name of signee