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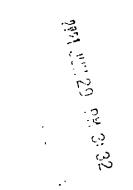
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## **COVER LETTER**

ΓO:	Registration Section Division of Corporation	orations	•	· •
Sub IP	CT.	Smallria	tge Agency LL ted Liability Company	C
SUBJE	Сţ:	Name of Limi	ted Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		Er	ic W Smallridg	ge
			Name of Person	
		Eric 1	W. Smallridge UC	,
			Firm/Company	
		5048 Ta	110w Point Rd	
			Address	
		Tall	lahassee, FL 32 City/State and Zip Code	2309
		E-mail address: (1	na//ridge @ gmail. to be used for future annual report notif	COM
For furt	her information con	cerning this matter, please ca		
. 4				_
	Eric Sm Name of P	allridge	at ( <u>850</u> ) <u>591 - 3</u> Area Code Daytime	7922
	Name of P	erson	Area Code Dayunk	receptione Number
Enclose	d is a check for the	following amount:		
\$25	5.00 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:		Street Address:	aria m

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

Smallridge Agency	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n June 22, 2021 and assigned
lorida document numberL21000288283	·
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	y here:
Eric W. Smallridge LLC	
he 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)	29
	· 5
	ंञ्
3. If amending the registered agent and/or registered office address on o gent and/or the new registered office address here:	ur records, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida Zip Code
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>	Address	Type of Action
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			☐ Change
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	A-10-22					
effective date is le: If the date in	other than the date disted, the date must be sponserted in this block down date on the Department	ecific and cannot be ses not meet the a	e prior to date of f applicable statut	iling or more than 90	(optional) ) days after filing.) nents, this date v	Pursuant to 605.020' will not be listed as
cord specifies a sfiled.	delayed effective date,	, but not an effec	tive time, at 12:	01 a.m. on the ear	lier of: (b) The	90th day after the
ed J	une 26		021.			
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