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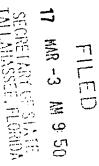
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D. SCOTT MAR 6 2017

## **COVER LETTER**

SUBJECT: SM	ith Orope Name of Lim	za Hawks, F	P.L.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bareto	Smith Name of Person	
	_Smith	Hawks Firm/Company	
	138 Si	monton Street	Jt
	Key Wes	Ety/State and Zip Code	
	Bartosn E-mail address: (	nithoropeza. Co to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	₹8 <b>=</b>
Barry G	jibson	at ( <b>305</b> ) <b>296 -</b>	7227 歸 3 五
N <b>a</b> me o	f <b>Ψ</b> erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		G 9 9
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section Division of Corporations** 

> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L070006</u>3666 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." 138 Simonton 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) 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 Cin

### 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 MGR Georgy Dropeza 138-142 Simonton St - Add Key West, FC 33040 Schemove ☐ Change AMBR Bacton W Smith 138 Simonton St. Key West FC 33040 **X**Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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record specifies a dela he 90th day after the			ot an effectiv	e time, at 12	: :01 a.m. on	the earlier o
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Page 3 of 3

Filing Fee: \$25.00