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C. LEWIS

MAY 2.7 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations	ra grand the second of the sec	•
SUBJ	ECT:	SMYTH	GROUP, LLC	
			ted Liability Company	
The er	nclosed Articl <u>es</u> of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		,	CHRIS COLLBRAN	
			Name of Person	
SMYTH GROUP, LLC				
			Firm/Company	
11125 PARK BLVD #104-344				
			Address	
		S	EMINOLE, FL 33772	
			City/State and Zip Code	
		tiı	m@smythgrpllc.com o be used for future annual report notific	
		E-mail address: (t	o be used for future annual report notific	ation)
For fu	rther information con	cerning this matter, please ca	all:	
		COLLBRAN	at \	667-2386
	Name of F	erson	Area Code & Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



;	SMYTH GROUP, LLC	SEURLING	SEE, FLUTTION
(Name of the Limited (A	SMYTH GROUP, LLC Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia			and assigned
Florida document number L08000070	373		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ible:		<u> </u>
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E			
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	nter Florida street add	ress
	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	` <u>Name</u>	Address	Type of Action
MGR_	TIM HANGGE	11125 PARK BLVD #104-344 SEMINOLE, FL 33772	✓ Add ☐ Remove
MGR_	CHRIS COLLBRAN	11125 PARK BLVD #104-344 SEMINOLE, FL 33772	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	(.v [.])
			ZIII HAY 26
 Dated	· · · · · · · · · · · · · · · · · · ·	 Na.	Y 26 MII: 21
	Signature of a mer	nber or authorized representative of a member	21 RRIP RP 22
	Ту	CHRIS COLLBRAN /ped or printed name of signee	77

Page 2 of 2

Filing Fee: \$25.00