L11000 106 560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

Office Use Only



300320482223

11/05/18--01019--004 **55.00

SANTY ES. TO LE VALANCE AND SECONDARY SECONDAR

amund

MOV 2 0 Z018

D SUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Keith Smitherman LLC Name of Limited Lie	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Keith Smithe 8740 Tower Parama City City	Name of Person Then LLC Firm/Company Rd. Address FL 39404 //State and Zip Code
For further information concerning this matter, please call:.	sed for future annual report notification)
Keith Smither man Name of Person	at (850) 381 - 4394 Area Code Daytime Telephone Number 200
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{501}{9} - \frac{9}{011}$ Florida document number <u>L11000 10 65 60</u>. 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) 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 Cirv

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 Type of Action Address <u>Title</u> Name | 13339 John Cox Rd. Mathew David Woodward AMBR □ Remove __ Change \square Add ☐ Remove Change □ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove

_____ Change

•	
•	
•	
,	
(If an el	tive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	E. Keeth Sutleman Signature of a member or authorized representative of a member
	E. Keith Suttleman Signature of a member or authorized representative of a member
	E. Keith Smitherman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00