L12000052182

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800432043558

07/10/24--01010--021 **25.00

2024 AUG 26 PH 1: 42

(196 2 6 2924 K. Brumble)



July 26, 2024

KARA KEENZE 1024 FALLS BRIDGE CT. EDMOND, OK 73034

SUBJECT: SMITH BEACH HOUSE, LLC

Ref. Number: L12000052182

We have received your document for SMITH BEACH HOUSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The persons listed as being removed from the LLC on the amendment form do not appear currently on the LLC. Also, we do not file operating agreements in our office so please remove those pages. If you have any questions please contact our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 624A00016566

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Cor	porations		•
Smith Beac	ch House, LLC	¥.	
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kara Keenze		
		Name of Person	
	······	Firm/Company	<u> </u>
	1024 Falls Bridge Ct		
		Address	
	Edmond, OK 73034		
		City/State and Zip Code	
	kkeenze@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Kara Keenze		405 315.7488 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	 -	Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee, 1			e Street, Suite 810
•		Tallahassee, FL	

2024
26

Zip Code

Smith Beach House, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL12000052182 This amendment is submitted to amend the following:	were filed on April 17, 2012 and assigned
A. If amending name, enter the new name of the limited liabi	ility company bere:
The Penny Tree, LLC	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1024 Falls Bridge Court
(Principal office address MUST BE A STREET ADDRESS)	Edmond, OK 73034
Enter new mailing address, if applicable:	1024 Falls Bridge Court
(Mailing address MAY BE A POST OFFICE BOX)	Edmond, OK 73034
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new registered
	F71

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.

City

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Kara Dawn Keenze	1024 Falls Bridge Ct	■Add	
		Edmond, OK 73034	□Remove
			□Change
MGR	MGR Matthew Benjamin Smith	1405 Luke Lane	
		Norman, OK 73072-5066	□Remove
			□Change
MGR	MGR Eric William Pollard	2917 Leaning Elm Ct	≣Add
		Oklahoma City, OK 73120	□Remove
MGR	MGR Katrina Elizabeth Pollard	1905 NW 38th Street	■ Add
		Oklahoma City, OK 73118	□Remove
			□Change
MGR Andrew Clark Smith	4310 Echo Glen Dr		
		Dallas, TX 75244	□Remove
			□ Change
MGR Jacquelyn Suzan Smith	161 Carlton Point Drive	≣ Add	
		Wentzville, MO 63385	□Remove
			□ Change

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	William Ogg Smith Jr	2117 Woodcrest Lane	
	·	Edmond, OK 73034	■Remove
			Change
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
		□Add	
		Петоvе	
			Change
			
			□Remove
			Change

	
	
-	
(If an effect Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated/	Angust 21, 2024. Signature of a member or authorized representative of a member
	Kan D Klunze Typed or printed name of signee