

L130000073859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

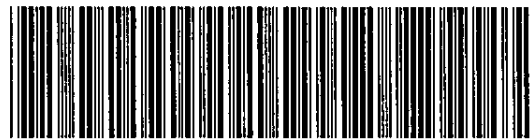
(Document Number)

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Special Instructions to Filing Officer:

*Amend*

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SEP 4 2013  
CLERK OF STATE  
TALLAHASSEE, FL 32304

2013 SEP -4 AM 9:22

FILED

J. SAULSBERRY  
EXAMINER

SEP 6 2013

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **SMAKET, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ankita Kapadia**

Name of Person

Firm/Company

**8658 Currituck Sound Ln.**

Address

**Orlando, FL 32829**

City/State and Zip Code

**ankitakapadia76@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ankita Kapadia**

Name of Person

**407 474-3393**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**

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

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**SMAKET, LLC**

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ankita Kapadia	8658 Currituck Sound Lane	<input checked="" type="checkbox"/> Add
		Olando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member  
Ketal Kapadia, MGR  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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