

L13000121421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

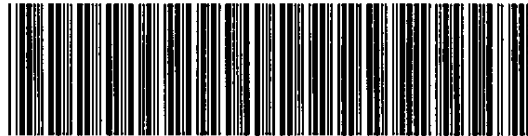
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TALLAHASSEE FLORIDA

DEC 03 2015
J. HARRIS

Andrew L. Reiff, P.A.

ATTORNEY AND COUNSELOR AT LAW

OFFICE LOCATION:
SUITE 730
135 W. CENTRAL BLVD.
ORLANDO, FLORIDA 32801
INTERNET: AREIFF3566@AOL.COM

MAILING ADDRESS:
P.O. Box 1059
ORLANDO, FLORIDA 32802-1059
TELEPHONE: (407) 423-8183
FACSIMILE: (407) 425-1508

December 1, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301.

Via Federal Express Overnight Delivery

RE: Smith Lake Sales

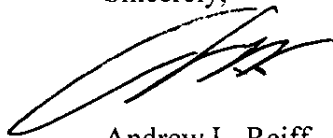
Dear Sir or Madam:

Enclosed please find the Cover Letter along with the Article of Amendment to Articles of Organization of Smith Lakes Sales, LLC.

Also enclosed is check number 2111 dated November 24, 2015 in the amount of \$25.00 for the Filing Fee.

If you have any questions please do not hesitate to call me.

Sincerely,



Andrew L. Reiff

ALR/kt

W:\CORPORATE\Smith Lake Sales LLC\sgmt-Article of Amendment cover letter 111015.vpd

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Smith Lake Sales, 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:

Andrew L. Reiff

Name of Person

Andrew L. Reiff P.A.

Firm/Company

P.O. Box 1059

Address

Orlando, FL 32802

City/State and Zip Code

areiff3566@aol.com

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

For further information concerning this matter, please call:

Andrew L. Reiff

407 423-8183

at ()

Name of Person

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

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela Adams	9701 East Hwy 25 Lot 274	<input type="checkbox"/> Add
		Bellevue, FL 34420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wanda Kwozka	9701 East Hwy 25 Lot 274	<input checked="" type="checkbox"/> Add
		Bellevue, LF 34420	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11 / 18 / 15

Signature of a member

Signature of a member or authorized representative of a member

Thomas Stewart

Typed or printed name of signee

2015 DEC -2 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA