L13000126352

(Decuarted Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100406291481

64,14 22-42 1.THC12 **50.61

S. ROBERTS

JUN - 1 2023

COVER LETTER

ΓΟ: Registration Sect Division of Corpo			
SUBJECT:	A-Smoot	h Graphics "L	١૮"
	Name of Lin	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
lease return all correspond	lence concerning this matter	to the following:	
	Ant	hony Holmes Name of Person	
	A-5m	ooth Graphics "	LLC"
	5143	Azalea Cir	
	Dade C	City/State and Zip Code	
	D. I P. Ka. b. E-mail address: (ox + (ucking. 110 @) to be used for future annual report noti	Amail. Com
or further information con	cerning this matter, please c	all:	
Anthony Ho	lmes	at (352) 281- Area Code Daytim	5508
Name of F	erson	Area Code Daytim	e Telephone Number
inclosed 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI. 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>C''</u>
s on our records.)
09/06/2013 and assigned
<u>re</u> :
esignation "LLC" or the abbreviation "L.L.C."
267
,
=
ecords, enter the name of the new register

ida street address
, Florida Zip Code
Zip Code

New Registered Agent's Signature, it 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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
.			□Add
			□Remove
			□ Change

-							
						· -	
				-			
						_	
						<u> </u>	
			·				
					<u>.</u>		
		<u> </u>			· · ·		
	<u> </u>		<u> </u>				
Note: If the	ite, if other than late is listed, the dai date inserted in the effective date on t	his block does no	ot meet the appli	icable statutory (or more than 90 days filing requirements	optional) after filing.) Pursuan , this date will not	t to 605.0207 (3 be listed as the
the record spec ford is filed.	ifies a delayed ef	fective date, but	not an effective	time, at 12:01 a.	.m. on the earlier o	of: (b) The 90th d	ay after the
Dated	1119A	\2	2023	·			
_		Signature o	Ta member or aut	NOS	ative of a member		
					c c inchie		