

L14000106076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

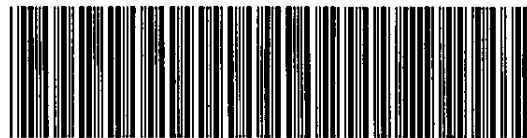
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/14--01021--001 **25.00

CLERK OF DISTRICT COURT
JANUARY 1, 2015
TALLAHASSEE, FLORIDA

2014 DEC -8 PM 12:07

FILED

DEC 15 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SmithCo Screens**

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:

Mattias Smith

Name of Person

SmithCo Screens

Firm/Company

142 SW 21st way

Address

Fort Lauderdale, FL, 33312

City/State and Zip Code

Thescreenguys1105@gmail.com

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

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CLERK OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Mattias Smith

Name of Person

at (**954**) **682-4083**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SmithCo Screens LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Mattias Smith	142 SW 21st Way	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33312	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FORT LAUDERDALE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 5, 2014.



Signature of a member or authorized representative of a member

Sarah Smith

Typed or printed name of signee

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JAN AHASSER FLORIDA

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