

L15000017115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

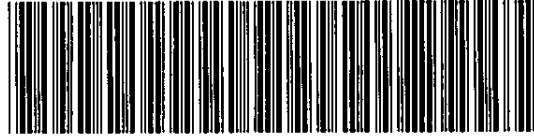
(Document Number)

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Special Instructions to Filing Officer:

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP 14 PM 4: 07

SEP 14 2016
S. YOUNG

16 SEP 14 PM 3: 25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

ROBERT SMEJA
404 FOREST HILLS BLVD
NAPLES, FL 34113

SUBJECT: SMOKE Y'S PUMP AND WATER SERVICE LLC
Ref. Number: L15000017115

2016 SEP 14 PM 12:51
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PAGE 2 MISSING

We have received your document for SMOKE Y'S PUMP AND WATER SERVICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00018244

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TALLAHASSEE, FLORIDA
16 SEP 14 PM 3:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A - Pump and Water Service 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:

Robert Smeja
Name of Person

Firm/Company

404 Forest Hills Blvd
Address

Naples FL 34113
City/State and Zip Code

Smokeysmeja@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Smeja at (239) 777-5280
Name of Person Area Code Daytime Telephone Number

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15 SEP 14 PM 3:25

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A - Pump and Water Service LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2015 and assigned Florida document number L15000017115.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SmokeY'S Pump and Water Service LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
JAN 28 2015 PM 3:25

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

No Changes

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Change |

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ALPHA ASSOCIATION
16 APR 14 PM 3:25

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA
AUG 22 11 3: 25 AM

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 8-22, 2016

Robert Smejta
Signature of a member or authorized representative of a member

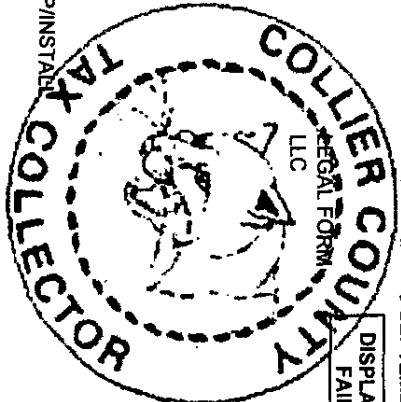
Robert Smejta
Typed or printed name of signee

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16 ~~Sept~~ 14 PM 3:25

COLLIER COUNTY BUSINESS TAX BUSINESS TAX NUMBER: 152595
COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477

VISIT OUR WEBSITE AT: www.colliertax.com
THIS RECEIPT EXPIRES SEPTEMBER 30, 2017

LOCATION: 404 FOREST HILLS BLVD
ZONED: HOME OCCUPATION
BUSINESS PHONE: 777-5280



DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

- THIS TAX IS NON-REFUNDABLE -
A-PUMP AND WATER SERVICE LIMITED LIABILITY
SMEJA, ROBERT B
404 FOREST HILLS BLVD
NAPLES FL 34113-0000

DATE 07/19/2016
AMOUNT 22.00
RECEIPT 2316.42

Larry M. Ray

NUMBER OF EMPLOYEES: 1-5 EMPLOYEES
CLASSIFICATION: WATER CONDITIONING/PUMP-REP/INSTALL
CLASSIFICATION CODE: 03713201
This document is a business tax only. This is not certification that licensee is qualified.
It does not permit the licensee to violate any existing regulatory zoning laws of the state, county or cities
nor does it exempt the licensee from any other taxes or permits that may be required by law.

*Change name from A-Pump and Water Service to
New name*

Smokley's Pump and Water Service LLC