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(Req	uestor's Name)	
(Addı	ress)	
ıbbA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

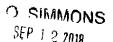
Office Use Only



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COVER LETTER

10:	Division of Cor			
SUBJE	ect.	Kevin Smit	h Contracting LLC	
SUBJE			nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		J	ames Kevin Smith	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Kevi	n Smith Contracting Lt	_C
			Firm/Company	
		517	Charles Rushing Roa	d
			Address	
		Pone	ce de Leon, Florida 32	455
			City/State and Zip Code	
			ractingllc777@gmai	
			to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please c	all:	
	James Ke	vin Smith	at (<u>850</u>) <u>699-09</u>	902
	Name o	f Person		ne Telephone Number
31		los Callos		
		he following amount:		
□ \$ 25	5.00 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)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:
		ation Section	Registration Section	
		on of Corporations ox 6327	Division of Corpo Clifton Building	Tations
	Tallaha	issee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kevin Smith Contracting 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 ____ and assigned Florida document number __L16000039917 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

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>	Type of Action
AMBR	Kaylie T. Smith	517 Charles Rushing Road Ponce de Leon, Florida 32455	Ø Add
			☐ Remove
			Change
			Add
			☐ Remove
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ive date, if other than the date of filing:	or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statutory tent's effective date on the Department of State's records.	filing requirements, this date will not be liste
·	
cord specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlie
90th day after the record is filed.	
August 29, 2018	
James Kenni print	

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Typed or printed name of signee

Filing Fee: \$25.00