L160000a26493

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(Ad	dress)	
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COVER LETTER

TO: Registration So Division of Cor			
SMITH &	WEMERT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL WEMERT		
		Name of Person	
	SMITH & WEMERT LLC		
	Firm/Company		
	650 N ALAFAYA TRL STE 105		
	•	Address	
	ORLANDO, FL 32828		
	mwemert@wemertgrouprea	City/State and Zip Code	
		to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
MICHAEL WEMERT		407 435-5134	
Name o	f Person	at (
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: 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

SMITH & WEMERT LLC

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

(A Flori	ida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number <u>L16000226493</u>	Company were filed on DECE	MBER 15, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·-
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our recor :	ds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida s	
	Cuy	, Florida
New Registered Agent's Signature, if changing Register	ed Agent:	MAR
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my agent as provided for in Chap red office address, I hereby co	city. I further agree to comply with the luties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	BRUCE H SMITH	650 N ALAFAYA TRAIL	□Add
		SUITE 105	■Remove
		ORLANDO, FL 32828	□Change
AMBR JENNIFER C WEMERT	JENNIFER C WEMERT	650 N ALAFAYA TRAIL	
	SUITE 105	□Remove	
	ORLANDO, FL 32828	□Change	
		□Add	
			□Remove
		Change	
		□Add	
			□Remove
		□Change	
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fective date, if other than t		ARCH 26, 2021		(optional)	
n effective date is listed, the date n	nust be specific and canno	t be prior to date of fil	ing or more than 90 day	ee after filing \ Passus	nt to 605.020
<u>yte:</u> If the date inserted in this cument's effective date on the	Department of State's	records.	ry ming requiremen	us, this date will no	t be listed a
					26
ecord specifies a delayed effectis filed.	tive date, but not an eff	fective time, at 12:0	l a.m. on the earlier	of: (b) The 90th	atter the
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ted MARCH 26	202	l		ي ز لر	, <u></u>
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				-	
Ma	Signature of a membe			<u>.</u>	O

• . •

Filing Fee: \$25.00