L170002755L

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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06/14/21	

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02/23/21--01016--015 **25.00

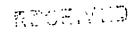
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Communication of Division of Corporations

April 24, 2021

MILO D SMITH **4211 BARNSLEY LANE** TAVARES, FL 32778

SUBJECT: MILO D. SMITH LLC Ref. Number: L17000027580

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P17000076632-DEHART HOLDINGS, INC.,

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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 021A00008498

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Milo D Smit	h		
	••	Name of Lin	nited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspon	idence concerning this matter	to the following:	
		Milo D. Smith		
			Name of Person	
		Milo D Smith LLC		
			Firm/Company	
		4211 Barnsley Lane		
			Address	
		Tavares Florida, 32778		
		-	City/State and Zip Code	
		milo.fhtm@yahoo.com		
			to be used for future annual report notif	ication)
For furthe	r information co	ncerning this matter, please c	all:	
Milo D. S	mith		407 221-3306	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed i	is a check for the	following amount:		
\$25.0	0 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)
	f.::::		S	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Milo D Smith 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 2/3/2017 and assigned Florida document number $\frac{L17000027580}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DeHart-Smith Holdings LLC 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 we registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

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
			
			Remove
			□Change
			□Add
			Remove
			☐ Change
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			□Change
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			Remove
			□ Change

				
	<u> </u>			
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		-		
ffective date, if other than the anticipation of the date is listed, the date is seried in this locument's effective date on the	nust be specific and cannot be block does not meet the ap	oplicable statutory fili	(option: more than 90 days after fili ng requirements, this d	ing.) Pursuant to 605,0207
record specifies a delayed effect is filed.	tive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
June 9th	2021			
		-		
Mil) N. Jarith			
- Wil	Signature of a member or	authorized representativ	e of a member	

Filing Fee: \$25.00