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FILED 2011 APR -3 P 2: SECRETARY OF STA

D. BRUCE APR 04 2017

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJ	ect: Smool	5 Enterprise 1 Name of Lim	ited Liability Company	······································	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspon	ndence concerning this matter	to the following:		
		John I	Smool Name of Person		
		Smak i	Enterprise U.C. Firm/Company		
		506 Gra	x Park blud. Address	TASEC	
		Jacksonui	Ne / Florida 38 City/State and Zip Code	APR -3 P CRETARY OF CAHASSEE.	1
		Smoah. T. E-mail address: (S & Gracil. Com to be used for future annual report notif	fication) From P ST P ST P)
For fu	orther information co	oncerning this matter, please ca	all:	52 AIE RIDA	
	Sha Smoot Name of	Person		2085 e Telephone Number	
Enclo	sed is a check for th	e following amount:			
⊠ s2	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**

Smock Enterprise	ompany as it now appears on our records.)
(A Florida Lim	nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on Mach 28, 2017 and assigned
Florida document number <u>L\7000070445</u> .	
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 1	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Z
(Principal office address MUST BE A STREET ADDRESS	ELLE TO
	ASSS -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2: 52 0R DA
	Name of the second seco
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	·

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

<u>Title</u>	Name	Address	Type of Action
MGA	John T Smook JR.	5000 Grove Park Blud.	⊠ Add
		Jacksonville, Florida 300	<u>\</u> □ Remove
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ffective (	late, if other	than the dai	e of filing	. Mor	ca de	). <u>A</u> OI	7	(01	otional)		
an effectiv	e date is listed, th	e date must be:	specific and	cannot be	prior to dat	e of filing o	r more that	n 90 days a	fter filing.) F	ursuant to	o 605.020
	e date inserted s effective date					tatutory f	iling requ	irements,	this date w	ill not be	e listed a
record	specifies a	delaved ef	fective d	late hut	not an	effectiv	e time	at 12•0	lam or	n tha a	arlier d
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Filing Fee: \$25.00