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COVER LETTER

	istration Secti sion of Corpo			
SUBJECT:	SMI	F75hine C Name of Lin	leaning Serv	ices LC
The enclosed	Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Clecia P	Name of Person	
			Firm/Company	
		4023 W Wa		ete 01
			Address	2011 TALI
		Tampa,	FC 33614 City/State and Zip Code	2011 AUG 17 SECRETARY TALLAHASSE
		roberta anis	to be used for future annual report notifi	7// 🙃
For further in	formation con	cerning this matter, please c	`	cation) FLOR
Robers	la An	ris/O	at (813) 300-13	514 - F 3
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
2 \$25.00 Fi	ling 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)
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on OF 141 Florida document number _ \(\lambda \) (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 "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) 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 camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

Type of Action **Title** Clecia P Roeve. 4023 W. water que, Suete Of WAdd Tompa, FL, 33614 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 2: Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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