L17000196651

Office Use Only



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D. SCOTT OCT 11 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: William Michael Swith and Shelby Ly. Name of Limited Liability Company	on Snith LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Longthan Oten Name of Person	
Firm/Company	
1969 S. Alufaya Trail Suite 209 Address	12 . Z
Orlando, FL 32828 City/State and Zip Code	MI POT TO T
J. Manage ment group II & gmail. Com E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	F 2: 03
Jonethan Oters at (407) 766-661 Name of Person Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount:	I
□ \$25.00 Filing Fee	S60.00 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

O	F
William Michael Smith and C (Name of the Limited Liability Compan (A Florida Limited L	IV AS IL DOM ADDENTS OD OUT/TECOTUS.)
The Articles of Organization for this Limited Liability Company villerida document number <u>L17000196851</u> .	were filed on $\frac{9/21/17}{1}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "	ty 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)	1969 5. Alafaya Trail Suite 209 Orlendo, FL 32828
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1969 S. Alafaya Trail Suite 2091 Orlando, FL 328128 ==
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 1969	5. Alafaya Tail Buite 209 Enter Florida street address
	City , Florida 32828 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter, 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	ding Authorized ved from our rec		o mana;	ge, <u>enter the title</u>	, name, and	address of ea	ich person being added
	Manager = Authorized M	ember					
Title	Name		:	Address			Type of Action
AMBR	William	Michael Smit	h.			·	
			215	Ashford Pl	Kissinn	ee, FL 34	757 W Remove
			-				Change
AMBR	Shelby	Lynn Smith					
			215	Achter Pl	V. SSIMY	ee, FL 34	758 Remove
							Change
			-				Add
			-			<u>.</u>	☐ Remove
							Change
			-			12.15.C	Add
			-			E. z. (Crath)	Change
			-				Remove
			-				☐ Change
			-				
			-				Remove
						: I	□ Change

D. If amending any other information, enter change(s) here: (Attach additional she	eets, if neces	isary.)	
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E. Effective date, if other than the date of filing:	(optio	nal) =	* 2 * 2 * 2* *
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require	90 days after f	iling.) Pursua	nt to 605.0207 (3)(1 t be listed as the
document's effective date on the Department of State's records.			
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	t 12:01 a.	ு. இ m. on the	e earlier of:
Dated 9/25/ , 2017.			
1			
Signature of a member or authorized representative of a men	nber		
Jonathan Otero Typed or printed name of signee	} 		

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Filing Fee: \$25.00