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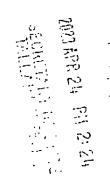
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations				
SUBJECT: R.A. Smith	Management, LLC				
		ited Liability Company		_	
	Amendment and fee(s) are sub ondence concerning this matter	_			
	Robert Smith				
		Name of Person			
	R.A. Smith Management,				
		Firm/Company			
	704 N Ocean Blvd. #1003				
		Address			2923
	Pompano Beach, F1, 3306.	2		<b>記述</b>	2023 APR 24
		City/State and Zip Code	-		24
	rasmith0071@gmail.com	to be used for future annual report notifi		- ': .	79
For further information c	oncerning this matter, please co		ication)		PN 2: 24
Robert Smith		at (561 ) 302-7070			
Name o	f Person		: Telephone Numb	ber	•
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fercate of Steed Copy	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.A. Smith Management, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/02/2018	_ and assigned
Florida document number L18000001531		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
R.A. Smith Ventures, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<i>ु</i> ।	202
Trincipal office unareas most biz h strain minimum minimum		FG
	백선	22
Enter new mailing address, if applicable:	<u>;</u>	
Mailing address MAY BE A POST OFFICE BOX)	·.	65 1.2
	<i>:</i>	r
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the name o	of the new regist
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City , Fibrida	Zip Code

## 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.

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
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			Change
			□Add
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effective date is listed, the date must be spe e: If the date inserted in this block do						
ument's effective date on the Departm			<u> </u>			
cord specifies a delayed effective date.	but not an effective	time, at 12:01 a.m. c	on the earlier of: (b	) The 90	)th day at	ter the
s filed.						
. 2/20/2022						
ed <u>3/30/2023</u>		·				
ed <u>3/30/2023</u>	how	<del></del>				
	are of a member or au	horized representative	of a member	-	<del></del> -	