L18000101579

(Req	uestor's Name)	
(Addı	ress)	
bbA)	ress)	
(City,	/State/Zip/Phone	÷#)
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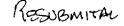
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COVER LETTER



'	sion of Corp Albrecht Sm	ith Enterprises, LLC		
SUBJECT:		<u>-</u>	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ill correspon	idence concerning this matter	to the following:	
		Frank Max Smith		
			Name of Person	
		Albrecht Smith Enterprises	, LLC	
			Firm/Company	
		4709 Mahogany Court		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Land O Lakes FL 34639		
			City/State and Zip Code	
		frankmaxsmith@gmail.com		
			o be used for future annual report n	offication)
For further inf	ormation co	neerning this matter, please ea	ill:	
Frank Smilit			406 939-3969	
	Name of	Person	at () Area Code Dayt	time Telephone Number
Enclosed is a o	check for the	e following amount:		
■ \$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)

Registration Section

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2022

FRANK M SMITH 4709 MAHOGANY COURT LAND O LAKES, FL 34639

SUBJECT: ALBRECHT SMITH ENTERPRISES, LLC.

Ref. Number: L18000101579

We have received your document for ALBRECHT SMITH ENTERPRISES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00020138

GENDIN FORM ATTACHED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 007 -7 PH 12: 18

Albrecht Smith Enterprises, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	<u>.</u>
ne Articles of Organization for this Limited Liab orida document number <u>L18000101579</u>	ility Company were filed on 04/16/2018	and assigned
his amendment is submitted to amend the follow	ing:	
. If amending name, enter the new name of th	he limited liability company here:	
ne new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		he name of the new regist
		the name of the new regist
ent and/or the new registered office address	here:	

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
AMBR	Chad Daniel	196 Autumn Brook LAne	⊞ Add
		Jacksboro, TN 34457	Remove
			Change
			□Add
			Remove
			Change
			Remove
			□ Change
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		□Remove	
			□Change

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ffectiv	e date, if other than the date of filing:(optional)
an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	d.
ated _	July 2022
ated _	<i></i> . <i></i> .
	Che M. L. Th
	Signature of a member or authorized representative of a member
	Frank M Smith