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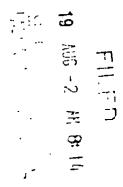
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer;	

Office Use Only



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AUG 0 8 2019 S. YOUNG

# **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	leal Living L. Nameof Limi	ited Liability Company	
	nendment and fee(s) are sub-	-	
	Ann Ma	Nie Smith Name of Person	
	_tdeal Li	Vivia L.L.C.	
	895 Wil	mington Lane	
		City/State and Zip Code	
		e Smith 9 @ 8 mail to be used for future annual report notif	
For further information con	cerning this matter, please ca	ali:	
Ann Mar Name of P		at (904) 228 - Area Code Daytime	- 1417 : Telephone Number
Enclosed is a check for the	following amount:		
\$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

TO:

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

# TO ARTICLES OF ORGANIZATION OF

Ideal Living, L.L.C.	-·.		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	- 7	<del>-</del>	
(A Frontal Landed District Company)		71	77
The Articles of Organization for this Limited Liability Company were filed on <u>6/4/201</u>	8	and assi	iaucq
Florida document number <u>L18000137544</u>			
This amendment is submitted to amend the following:		<u> </u>	
A. If amending name, enter the new name of the limited liability company here:	>-	<u> </u>	
A. Smith Consulting Services, L.L.C.  The new name must be distinguishable and contain the words Limited Liability Company," the designation "LLC" of			
The new name must be distinguishable and contain the words Limited Liability Company," the designation "LLC" of	r the abbrevi	iation "L.I	C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del> _	. <del></del>	
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 n
registered agent and/or the new registered office address here:			
Name of New Registered Agent: Surve			
New Registered Office Address:			
Enter Florida street address			
, Flori	da		
City	7.	ip 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.

N/a

If Changing Registered Agent, Signature of New Registered Agent

# or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		Address	
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fecti	ve date, if other than the date of filing: (optional) cetive 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 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed:
	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
	7/29/19
ated	
	Commandere Smith
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00