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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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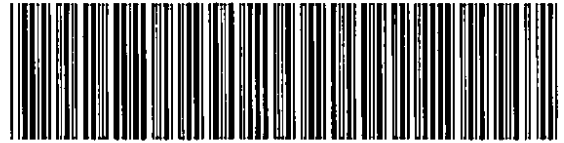
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 SIMMONS
SEP 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SmithCo Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Smith

Name of Person

SmithCo Solutions LLC

Firm/Company

50 Anne St.

Address

Hattiesburg MS 39402

City/State and Zip Code

smithcosolutions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Smith

Name of Person

at (

850)

Area Code

382 2826

Daytime 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
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**

SmithCo Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 7th, 2018 and assigned
Florida document number L18000192103.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

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:

Northwest Registered Agent, LLC.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

City

Florida 33607

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ricky Russo	3030 Rocky Pointe Rd	<input type="checkbox"/> Add
		Suite 150A TAMPA, FL	<input checked="" type="checkbox"/> Remove
		33607	<input type="checkbox"/> Change
MBR	BRADLEY BOZMAN	3030 N. ROCKY POINTE DR	<input type="checkbox"/> Add
		Suite 150A TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAYMOND SANSCRAINTA	3030 N. ROCKY POINTE DR	<input type="checkbox"/> Add
		Suite 105A	
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ADD			
AMBR	PAUL ANDREWS	8794 PEOWEE COURT	<input type="checkbox"/> Add
		PENSACOLA, FL 32506	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD LAFAYE	5225 MADISON AVE	<input type="checkbox"/> Add
		PAGE, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE ADDRESS OF THE COMPANY IS INCORRECT,
FOR SOME REASON, MY PHONE AUTO FILLED
MY OLD ADDRESS & INFORMATION FROM
MISSISSIPPI. MY COMPANY ADDRESS IS:
SmithCo Solutions, LLC
3355 TIMBERLAND DR.
PENSACOLA, FL 32503

FL doc. # L18000192103

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18 SEP 13 PM 6:27
CLERK
CORPORATION

E. Effective date, if other than the date of filing: Aug 7th, 2018 (optional)

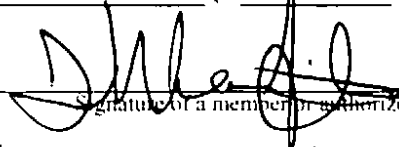
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Aug. 29th 2018



Signature of a member or authorized representative of a member

Joseph W Smith

Typed or printed name of signee