K19000 281034

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNI NOV -4 ?	E 2022

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	AWKINS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARNE JAMES GRINAKE		
		Name of Person	
	Law Office of Ame James	Grinaker	
		Firm/Company	
	1135 Pasadena Ave. S., Sto	e. 310	
		Address	
	South Pasadena, FL 33707		
		City/State and Zip Code	
	cf@kalamazooolive.com	to be used for future annual report notif	ioution)
For further information of	concerning this matter, please c	•	earon,
Ame "Jim" Grinaker		727 214-8972	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 34314	Z410 IVI. IVIONFOR	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART HAWKINS, LLC			
(Name of the Lim)	ited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited L. Clorida document number L19000281034	Liability Company	were filed on November 12, 2019	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
NO CHANGE			
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NO CHANGE	
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		NO CHANGE	
Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	NO CHANGE	C. Children II	
		Enter Florida street address	

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.

City

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	CHARLES F. HAWKINS, JR.	3275 37th Way South, Unit B.	□Add
		St. Petersburg, FL 33711	□ Remove
			■ Change
AMBR	RUSSELL L. SMART	3275 37th Way South, Unit B.	= Add
		St. Petersburg, FL 33711	□Remove
			□ Change
			🗖 Add
			□Remove
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	🗖 Add
			Remove
			□ Change
			□Add
		***************************************	Remove
			□Change
			□Add
			Remove
			□Change

INTEND THIS LLC TO BE TENANTS B	Y THE ENTIRE	TIES PROPERT	Υ.	
HAVING JOINT OWNERSHIP AND CO	NTROL AND ID	ENTICAL INTE	REST IN	
THE PROPERTY, AND INTEND THIS T	O BE A SINGLE	E MEMBER LLC		
			•	
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tive date, if other than the date of filin ffective date is listed, the date must be specific and	g:	4£51:	(optio	nal)
If the date inserted in this block does not rement's effective date on the Department of S	neet the applicab	le statutory filing	requirements, this	date will not be listed
ord specifies a delayed effective date, but not filed.	t an effective time	e, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after
August 17th	2022	. •		
Ane Junis	<u>U</u>		Λ	

Filing Fee: \$25.00

Typed or printed name of signee