

L20000004843

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA



Henry A. W. Thompson | Attorney  
1700 Summit Lake Drive | Suite 101  
Tallahassee, FL 32317  
O 850.765.5214  
D 850.516.7203  
Hank.Thompson@WRWLegal.com

October 21, 2024  
Via Hand Delivery

Amendment Section  
Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: Release of Entity Name**

Dear Sir/Madam:

Michael D. Smith FD, LLC recently acquired the entity Gause Funeral Home, INC. The corporation, Gause Funeral Home, Inc, is being dissolved and there is no plan to reinstate the corporation in the future. Mr. Michael D. Smith, the President and Authorized Person for Gause Funeral Home, INC hereby releases the name Gause Funeral Home to be used by Michael D. Smith FD, LLC.

Sincerely,

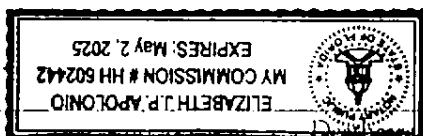
Henry Thompson

STATE OF FLORIDA COUNTY OF Leon

Sworn to (or affirmed) and subscribed before by Henry Thompson who is Personally Known to me OR Produced Identification Personally Known, this 21 day of October, 2024.

Stamp Commissioned Name of Notary Public

Elizabeth J.P. Apolonio  
Signature of Notary Public



Regulatory Legal and Consulting Services  
www.WRWLegal.com

2024 OCT 21 PM 3:11  
STATE OF FLORIDA  
TALLAHASSEE, FL

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**From:** Michael D. Smith, Sr.  
**To:** Liz Apolonio  
**Date:** Friday, October 18, 2024 4:43:12 PM

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Dear Sir/Ma'am,

I, Michael D. Smith, President and Authorized Person for Michael D. Smith LFD, LLC and Gause Funeral Home, INC do hereby authorize my attorney, Henry Thompson, Esq., to sign and submit the Release of Entity Name for Gause Funeral Home upon its dissolution.

Thank you.

Michael D. Smith

President

Michael D. Smith LFD, LLC

Gause Funeral Home, INC

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MICHAEL D. SMITH LFD, 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:

Michael D. Smith

Name of Person

Gause Funeral Home

Firm/Company

7403 Easton Street

Address

Lake Wales, FL 33859

City/State and Zip Code

mds13641@gmail.com

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

For further information concerning this matter, please call:

Liz Apolonio

850

339-1538

at ( )

Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 OCT 21 PM 3:11

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MICHAEL D. SMITH LFD, 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 12/26/2019 and assigned  
Florida document number L20000004843.

This amendment is submitted to amend the following:

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

Gause Funeral Home, LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

*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 Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FL

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TALLAHASSEE, FL

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

N/A

**E. Effective date, if other than the date of filing:** 10/21/2024 (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 October 18

2024

Michael H. Smith

Signature of a member or authorized representative of a member

Michael D. Smith

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**Filing Fee: \$25.00**