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## **COVER LETTER**

Division of Corporations
SUBJECT: Smiths Supreme Services Cimited Liability Company 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:
Monica Smith Name of Person
Firm/Company
85/8 Ridein Road Address
Tampa F1 33619 City/State and Zip Code
City/State and Zip Code <u>SUPTEMESELVICES 20 COMOIL. COM</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monica Smith  at (813) 599 - 5554  Name of Person  at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee  Certificate of Status  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smiths Supreme Scrvice  (Name of the Limited Liability Companies of the Limited Limite	ces, LLC.
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000004327</u> .	were filed on $\frac{OI/OI/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	8518 Ridein Rd. Tampa, F1 33619
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida City  ZAF Code
New Registered Agent's Signature, if changing Registered Agent:	City ZAP Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	re to act in this capacity. I further agree to comply with the 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>	Name	Address	Type of Action
MGR	Monica Smith	8518 Ridein Rd	☑ Add
		Tampa, F1 33619	□Remove
			□ Change
AMBR	Paul R Smith	8518 Ridein Rd.	🗹 🗹 Add
		Tampa, F1 33619	□Remove
			□Change
AMBR	Kayla A. Cooke	205 Rodeo Circle	ZIAdd
		Copperas Core, TX 70	1524 □ Remove
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