

L200000019101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/04/20--01012--009 **25.00

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MAY 19 2020

2020 MAY -4 PM 5:41

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**TO: Registration Section
Division of Corporations**

SUBJECT: Smith & Steele Designs & Renovations 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:

Amanda Smith

Name of Person

Smith & Steele Designs & Renovations LLC

Firm/Company

16117 Brecon Palms Place

Address

Tampa, FL 33647

City/State and Zip Code

amy@smithandsteeledesigns.com

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

For further information concerning this matter, please call:

Amanda Smith

813

503-4538

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

TO
ARTICLES OF ORGANIZATION
OF

Smith & Steele Designs & Renovations 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 01/13/2020 and assigned
Florida document number 120000019101.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

16117 Brecon Palms Place

Tampa, FL 33647

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

Name of New Registered Agent:

Amanda Smith

New Registered Office Address:

16117 Brecon Palms Place

Enter Florida street address

Tampa

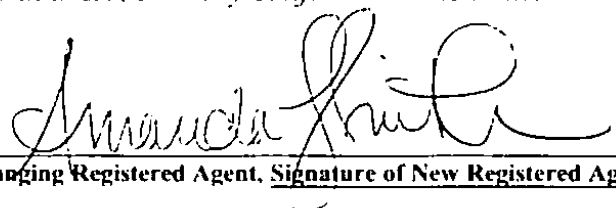
City

Florida 33647

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
VP	Kevin Steele	1003 W 131st Ave	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amanda Smith	16117 Brecon Palms Place	<input type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Troy Steele	1409 Villa Capri Cr #305	<input checked="" type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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

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.

Manda Smith

Amanda Smith

Typed or printed name of signee

Filing Fee: \$25.00