LZO 000092403

(Requestor's Name)
(Address)
(Address)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Smith Laurent
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SUBJEC	l; <u>,</u>	Name of Lin	nited Liability Company	
Th				
The encio	sed Articles of	Amendment and fee(s) are sur	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
	BJECT: Name of Limited Liability Company			
			Name of Person	
		Smith Laurent, Realtor, Ll	LC	
			Firm/Company	···
		5106 Pier Dr.		
			Address	
		Lake Worth, FL, 33463		
		smithlaurent7@vahoo.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
Smith Lau	ırent			
	Name of	f Person		Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status &
N	Iailing Addres	s:	Street 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our rec Liability Company)	ords.
were filed on $\frac{4/30/2020}{}$	and assigned
ility company here:	
lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Same as above	133
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Same as above	<u> </u>
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address on our records, <u>en</u> t	ter the name of the new register
Enter Florida vreet ade	Irace
	FloridaZiv Code
	Same as above  Same as above  address on our records, en

## 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 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
AP	— LAURENT, SMITH — 5106 PIER DR.		□Add
	GREENACRES, FL 33463		□Remove
			Change Name
			□Add
		<del></del>	□Remove
		<del></del>	□Change
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ctive date, if othe	r than the date of filing:		(optional)	
effective date is listed e: If the date insert	the date must be specific and cannot be pried in this block does not meet the app	ior to date of filing or more t licable statutory filing re	han 90 days after filing.) Pursuant to quirements, this date will not be	605.020 Histed a
ument's effective d	te on the Department of State's record	ds.	1	
	red effective date, but not an effective	e time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day	after the
filed.				
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<del></del>	Signature of a member or au	thorized representative of a	member	