

h20000163800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 JAN 11 PM 3:40  
SOUTH CAROLINA  
TALLADEGA COUNTY

O SIMMONS  
JAN 20 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 DEC 17 8:15

December 17, 2020

CHRISTOPHER SMITH  
4440 SW ARCHER RD #2302  
GAINESVILLE, FL 32608

SUBJECT: SMITH TRANSPORTATION & SOLUTIONS LLC  
Ref. Number: L20000163800

We have received your document for SMITH TRANSPORTATION & SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 520A00025590

I have changed mailing address  
also to 2972 NE 42nd Rd Ocala FL  
Please find my signature as 34470  
requested. Thank you

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Smith Transportation & Solutions  
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:

Christopher Smith  
Name of Person

\_\_\_\_\_  
Firm/Company

4440 S.W. Archer RD APT 2302  
Address

Gainesville FL 32608  
City/State and Zip Code

SmithTransportationSolutions@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Smith at 300 339-8312  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Smith transportation & Solutions **FILED**  
(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 06/15/2020 and assigned  
Florida document number L20000163800

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)

**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:

New Registered Office Address:

*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**

MGR		Diane Key			
				<input type="checkbox"/> Add	
				<input checked="" type="checkbox"/> Remove	
				<input type="checkbox"/> Change	
				<input type="checkbox"/> Add	
				<input type="checkbox"/> Remove	
				<input type="checkbox"/> Change	
				<input type="checkbox"/> Add	
				<input type="checkbox"/> Remove	
				<input type="checkbox"/> Change	
				<input type="checkbox"/> Add	
				<input type="checkbox"/> Remove	
				<input type="checkbox"/> Change	
				<input type="checkbox"/> Add	
				<input type="checkbox"/> Remove	
				<input type="checkbox"/> Change	

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

FILED

2021 JAN 11 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

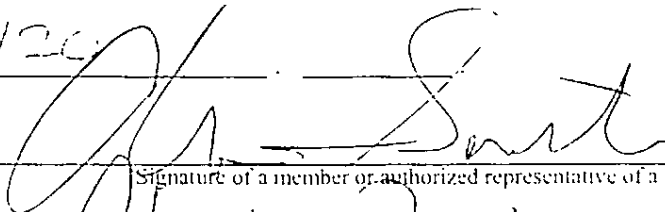
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

11/05/20



Signature of a member or authorized representative of a member

CHRIS SMITH

Typed or printed name of signee