L20 000184002

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN 0CT - 4 2020

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divi	sion of Co	rporations		
SUBJECT:	ALEX SM	ITH ENTERPRISES LLC		
SOBSECT.	·	at () me of Person Area Code Daytime Telephone Number or the following amount:		
701				
the enclosed	Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
F C - 41 ' - C	•		•	notification)
For further int	ormation co	oncerning this matter, please c	ali:	
LOVETTE D	OBSON			0
	Name of	f Person		ytime Telephone Number
Enclosed is a c	check for th	e following amount:		
		_	□ 055 00 PW - P - 0	
■ \$25.00 Fil	mg ree		Certified Copy	Certificate of Status & Certified Copy
	ng Address stration S		Street Address	
		orporations	Registration Division of (Section Corporations

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

	ALEX SMITH ENTERPRISES L	-	2019 Mrs 19 PH 6: 36
(Name of the Li	mited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records ny)	<u>r.</u>) . 11 0. 36
The Articles of Organization for this Limited	Liability Company were filed on	06/30/2020	and assigned
Florida document number L20000184002	,		
This amendment is submitted to amend the fe	ollowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain th	e words "Limited Liability Company," t	he designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI	EET ADDRESS)		
		<u></u> _	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>		
B. If amending the registered agent and/on agent and/or the new registered office add		ır records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Flo	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALEXANDER SMITH	916 PLACER RIDGE ROAD	□ Add
		WALNUT CREEK, CA 94597	□Remove
			■Change
			□ Add
		 	□Remove
			□Change
		-	□Add
			□Remove
			□ Change
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