L20000184002

(Red	questor's Name)
(Ada	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
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COVER LETTER

TO: Registration S Division of Co				
	IITH ENTERPRISES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	<u>-</u>		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
	 	Firm/Company		
	17350 STATE HWY 249 S	STE 220		
	.	Address		
	HOUSTON, TX 77064			
	. <u>.</u>	City/State and Zip Code		
	EFILE1234@INCFILE.CO			
		to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
LOVETTE DOBSON		888 462-3453		
Name	of Person		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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Ø
Mailing Addre Registration Division of O		Street Address: Registration Section Division of Corp		

The Centre of Tallahassee

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEX SMITH EN	TERPRISES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000184002	were filed on <u>06/30/2020</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	1010 Strathmore Drive	 	_
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32806		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1010 Strathmore Drive Orlando FL 32806		_ _
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new regis	tered
New Registered Office Address:	Enter Florida street address		Q ₃
			_
	, Florida _	Zip Code	<u> </u>
	· .		

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 they 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove DChange
			E Change
			D III
			— □Remove
			Change

_____ □Remove

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Effective date, if other than the da (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date without be	o 695.0207 (3 e listed as th
ne record specifies a delayed effective ord is filed.	late, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day	after the
Dated FEBRUARY 21	. 2021		
_allejan	gnature of a member or authorized representa	ative of a member	_
	-		
ALEXANDER SMITH			

Filing Fee: \$25.00