

120 000 265892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

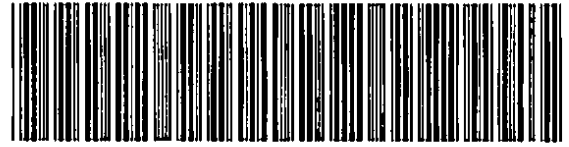
(Business Entity Name)

(Document Number)

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2021 DEC 10 AM 8:22  
STATE  
TALLAHASSEE, FL

A. BUTLER

DEC 27 2021

COVER LETTER

update EIN  
only

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SMITH DEBRIS REMOVAL AND LAWN CARE LLC

DOCUMENT NUMBER: L20000265892

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA SMITH

Name of Contact Person

Firm/ Company

5403 COPPEDGE AVE

Address

JACKSONVILLE FL 32277

City/ State and Zip Code

importantbuz@gmail.com

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

For further information concerning this matter, please call:

[Signature]

Name of Contact Person

at ( 904 ) 210-8435

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment 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 DEBRIS REMOVAL AND LAWN CARE LLC

2021 DEC 10 AM 8:23

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE  
FLORIDA, FL

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number 120000265892.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

PLEASE CHANGE THE EIN FOR SMITH DEBRIS REMOVAL AND LAWN CARE LLC

THE CORRECT EIN IS

85 3217795

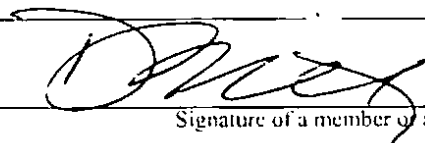
**E. Effective date, if other than the date of filing:** 10/15/2021 **(optional)**

(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 DECEMBER 2, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DANA SMITH

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



**Department of the Treasury**  
**Internal Revenue Service**  
**Ogden, UT 84201**

In reply refer to: 0152103099  
Dec 02, 2021 LTR 147C  
85-3217795

**SMITH DEBRIS REMOVAL AND LAWN CARE LLC**  
**DANA L SMITH SOLE MBR**  
**PO BOX 11611**  
**JACKSONVILLE FL 32239-1611 110**

Taxpayer Identification Number: 85-3217795

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of December 2nd, 2021.

Your Employer Identification Number (EIN) is 85-3217795. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Peoples  
1003228203  
Customer Service Representative



## FLORIDA DEPARTMENT *of* STATE

### Prepaid Sunbiz E-File Account Application

Account Name: DANA SMITH

Email Address: importantbuz@ygmail.com

Mailing Address: po box 11611

phy. address 5403 Coppedge Ave jax fl 32277

City: jacksonville

State: fl Zip: 32239

Phone: (904) 210-8435 Fax: (904) 760-8191

Contact Person: dana smith

Signature: 

Password: wkxD524mr18Y  
(Letters and numbers only. Minimum length: 4 characters. Maximum length: 12 characters.)

The Division of Corporations will email an account number to you after the application is processed.

**Mailing Address**  
Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314