LZ0000273112

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10/3/20

COVER LETTER

Division of C	orporations		
SMIRNO	FF PROPERTIES, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	•
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	TRACI DE WID		
		Name of Person	
	PROJECT ABUNDANCE	EINC.	
		Firm/Company	2028
	1956 GARDEN SAGE DI	R	1928 957 18
		Address	
	OVIEDO, FL 32765		P.
		City/State and Zip Code	75.0
	traci@projectabundance.co	m to be used for future annual report not	- 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
For Grahamin Communication			inication)
TRACL DE WID	concerning this matter, please c	an: 407 579-8600	
TRACI DE WID		,	
Namo	e of Person	at () Area Code Daytir	ne 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)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration		Registration Se	
P O Box 6	Corporations	Division of Co	•

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMIROFF PROPERTIES, LLC

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

(77 TOTAL ETHINGS E	natimety Company (
The Articles of Organization for this Limited Liability Company	were filed on 9-1-2020	and assigned
Florida document number 1.20000273112		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SMIRNOFF PROPERTIES, LLC		
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:		2 2
(Principal office address MUST BE A STREET ADDRESS)		(2V
		<u> </u>
		(b) (0) (1)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 0 2: 7
		OFF W
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	and drawns
	Liuer Prortaa sireer	tatar ess
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	о ,	ing street
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			De Remove
			Di Piladd
			© Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 dis filed. Dated 9/11/2020		
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