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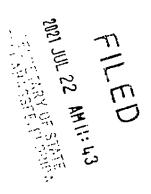
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amend

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AUG 0 6 2021

A RAMSEY

COVER LETTER

TO: Registration Division of C				
SUBJECT:	SMT6 L	LC nited Liability Company		
	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and feets) are sub	unitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	EDWA	HED FOWLER		
		Name of Person		— —
		SMTG LLC Firm/Company		
l	500	OVERLOOK MOU	untain Ro	
-	Su WAI	City/State and Zip Code	24	
		•		
	E-mail address: (to be used for future annual	report notification)	
For further information	n concerning this matter, please o	all:		
EDWARD	Fowler	at (404)	391.7687	•
Name	of Person	Area Code	391.7687 Daytime Telepho	one Number
Enclosed is a check for	the following amount:			
\$\$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street A		
Registration Division of	i Section Corporations	=	ation Section in of Corporatio	ons
P.O. Box 63	•		ntre of Tallaha	
Tallahassee	FI 32314	2415 N	Monroe Stree	t Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

			2021 JUL 22	2 AM 11: 43
	MTG LL			Y DE STAI F
(Name of the Limited I	.iability Compan Florida Limited Li	<u>y as it now appear</u> ability Company)	s on our records. T. A. S.	SEELFLONE
The Articles of Organization for this Limited Liabi	lity Company v	vere filed on	7/19/2021	and assigned
Florida document number <u>/ 20000</u> 277 29 9)		, .	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the word.	s "Limited Liabilit	y Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:			
Principal office address MUST BE A STREET A	(DDRESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ldress on our ro	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
-		('in-	, Florida _	Zip Code
		City		z.ip Coae

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 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
MGR	Romano A. Christophen J.	702 RIVER BEND BLUD	□Add
		Longwood, FL 32779	X Remove
			Change
			□Add
A			□Remove
			□ Change
-			🗆 Add
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<u>ote:</u> li tl		his block does no	ot meet the appli	cable statutory fil		tional) ter filing.) Pursuant to 6 his date will not be l	
is filed.						(b) The 90th day a	fter the
ated	-7/19 Jel	· 100	2021	·			
		Signature of	f a member or auth	norized representati	ve of a member		