L20000356246

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



06/30/21--01002--016 **30.00

2021 JUN 30 PH 2: 19

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JUN 20 2021

TO: Registration Section Division of Corporations

Mouthe Tower SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph L Morris				
Name of Person				
Smoothe Tower LLC				
Firm/Company				
DOS S. Adams Street				
Address				
Tallahassee FL 32301				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

 $\frac{1}{\text{Area Code}} = \frac{713 - 8752}{\text{Daytime Telephone Number}}$ JUSEPH L MOWS

Enclosed is a check for the following amount:

[J] \$25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MENDMENT	
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as it now appears on our records.)	,
rere filed on <u>1110 20</u>	and assigned
ty company here:	
y Company," the designation "LLC" or the ab	obreviation #3L.C "
	<u> </u>
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	,
ddress on our records, <u>enter the nan</u>	ne of the new registered
·····	
Enter Florida street address	
Florida	
<i></i>	Zip Code
	RGANIZATION Twee filed on

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 sectures 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. Thereby 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

Title	Surae	Address	Type of Action
AMBR	Terry Walker	4012 Forstthe Park Cir	□∧dd
		Tallahussee, FL 3230	7 Themove
			🗆 Change
AMBP	Natasha Williams	330 Macon Road	🗌 Add
		Tallahassee, FL 32312	ElBennove
			🗆 Change
			🗆 Add
			🗌 Remove
			🗆 Change
	···		□Add
			🛛 Change
			🗆 Add
			🗆 Remove
			🗆 Change
	·		🗆 Add
			□Remove
			Change

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

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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
Stenature of a member or authorized representative of a member
JOSEPh L MOrv-S- Typed or printed name of signee