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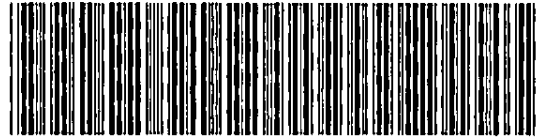
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Law Offices of Patrick L. Smith & Associates LLC

\_\_\_\_\_  
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:

Scott A. Smothers, Esq.

\_\_\_\_\_  
Name of Person

Smothers Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

523 Wekiva Commons Circle

\_\_\_\_\_  
Address

Apopka, Florida 32712

\_\_\_\_\_  
City/State and Zip Code

scott@smotherslawfirm.com

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

For further information concerning this matter, please call:

Scott Smothers

407 814-3900  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 Address:**

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

**Street Address:**

Registration 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**

Law Offices of Patrick L. Smith & Associates LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/12/21 and assigned  
Florida document number L21000028874.

This amendment is submitted to amend the following:

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

Law Offices of Patrick L. Smith PLLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

179 N. US Hwy 27

Suite F

Clermont, FL 34711

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

179 N. US Hwy 27

Suite F

Clermont, FL 34711

**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:

Patrick L. Smith

New Registered Office Address:

179 N. US Hwy 27, Suite F

*Enter Florida street address*

Clermont

*City*

Florida

2021 NOV - 8 AM 11:59  
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CD

**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 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**

[illegible]

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

Addition of new Article VI:

The Limited Liability Company is intended to be formed and operated as a professional limited liability company in accord with the provisions of F.S. 621.01 et seq. As such, the company is organized solely and specifically for the purpose of carrying on the practice of law; and in furtherance of such purpose, for the possession and exercise of all powers conferred by the laws of the State of Florida on a professional limited liability company.

**E. 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 (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 \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee