## L21000145040

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- (A J.	d	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Statue
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Special Instructions to I	iling Officer:	
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Office Use Only

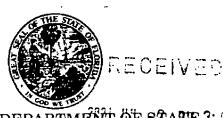


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FLORIDA DEPARTMENT OF STABLE 3: 00
Division of Corporations

June 21, 2021

VICKIE SMITH 2440 NW 179TH TER. MIAMI GARDENS, FL 33056

SUBJECT: V SMITH'S PROPERTIES LLC

Ref. Number: L21000145040

We have received your document for V SMITH'S PROPERTIES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 921A00013969

## **COVER LETTER**

_
<i>γ</i> ,
Name of Limited Liability Company
e(s) are submitted for filing.
this matter to the following:
Name of Person
Firm/Company
Terrace
Address
, FL 33056
City/State and Zip Code
smith@gmail.com
305 733-4395
er, please call:  at ( ) 733-4395  Area Code Daytime Telephone Number
ti 🛴 🛴
Fee & U\$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section
Division of Corporations
t:  Fee &   \$55.00 Filing Fee &   S60.00 Filing Fee.  Certificate of State  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Street Address:  Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V Smith's Properties LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on March 29, 2021	and assigned
Florida document number 1.21000145040		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
√ickie Smith LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	D.E.G.C.	· · · · · · · · · · · · · · · · · · ·
The Manual Manua	OKESS)	
		<del>-</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	г	
	, Florida	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.

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□ Add
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<b>fective</b> ( m effectiv	date, if other than t	he date of filin	g:	to date of tiling or	more than 90 days after	<b>onal)</b> r filing.) Pursuant to 605,0207
<u>ote:</u> If th	ne date inserted in this	block does not i	meet the applica	ible statutory fil	ing requirements, thi	s date will not be listed as
cument'	s effective date on the	Department of :	State's records.			
ecord sp is filed.	ecifies a delayed effec	tive date, but no	t an effective til	ne, at 12:01 a.m	. on the earlier of: (b	) The 90th day after the
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	hine 29		. 2021	<u> </u>		
•	1/m					
		Signature of a	member or autho	rized representativ	re of a member	