

L21 000 145 040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

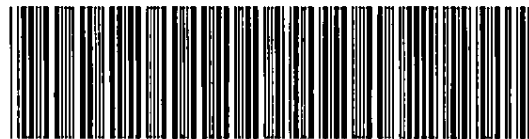
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/17/21--01022--022 \*\*60.00

2021 JUN 20 PM 4:10

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RECEIVED

FLORIDA DEPARTMENT OF STATE 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

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** V Smith's Properties 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:

Vickie Smith

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

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

2440 NW 179th Terrace

\_\_\_\_\_  
Address

Miami Gardens, FL 33056

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

victoria.bufford.smith@gmail.com

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

For further information concerning this matter, please call:

Vickie Smith

305

733-4395

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

2021 JUN 30 PM 4:10

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(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)

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.

Vivi Smith  
Signature of a member or authorized representative of a member

Typed or printed name of signee