

L210000210726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

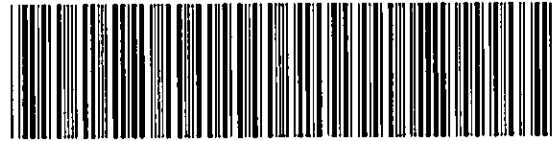
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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05/19/21--01002--009 **25.00

FILED

2021 MAY 18 AM 9:34

ALABAMA
SECRETARY OF REVENUE

2021 MAY 18 PM 4:27

ALABAMA
SECRETARY OF REVENUE

Almond
Almond

MAY 19 2021

ALBRITTON

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When you need ACCESS to the world

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WALK IN

PICK UP: 5/18 Glinda

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** LLC AMEND _____

1. **CAS ENGINEERING ASSOCIATES, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CAS ENGINEERING 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 J. Leitten

Name of Person

Block & Colucci, P.A.

Firm/Company

4425 Military Trl., Suite 200

Address

Jupiter, FL 33458

City/State and Zip Code

agoly@smart-structures.com

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

For further information concerning this matter, please call:

Scott J. Leitten

561 747-0110
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



CRAIG A. SMITH & ASSOCIATES

21045 Commercial Trail • Boca Raton, FL 33486

CONSULTING ENGINEERS • SURVEYORS • UTILITY LOCATORS

www.craigasmith.com

May 17, 2021

Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: CAS Engineering Associates, LLC Name Change to Craig A. Smith & Associates, LLC

Dear Sirs:

I am the President and sole shareholder of Craig A. Smith & Associates, Inc. and authorize the name change from CAS Engineering Associates, LLC to Craig A. Smith & Associates, LLC.

Very Truly Yours,
Craig A. Smith & Associates, Inc.

By: Stephen C. Smith, President

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAS ENGINEERING ASSOCIATES, LLC

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

FILED
2021 MAY 18 AM 9:34
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 13, 2021 and assigned
Florida document number L21000210726.

This amendment is submitted to amend the following:

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

CRAIG A. SMITH & ASSOCIATES, LLC

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: Kumar Allady

New Registered Office Address: 4152 W. Blue Heron Blvd., Suite 116

Enter Florida street address

Riviera Beach

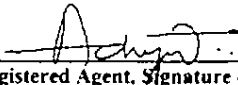
Florida 33404

City

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 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.)*

[illegible]

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 May 18 2021

Signature of a member

Signature of a member or authorized representative of a member

Scott J. Leitten

Typed or printed name of signee

Filing Fee: \$25.00