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SECRETARY OF STATE TALLAHLYSSEE, FL

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
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SUBJECT:	SMATHERS CONST	CLT (NO LCC	·
	Name of Lim	ned Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Carr	AUUSH SMATHERS	
	عدال	Name of Person	
	SMATHE	. <u>CS COAISC UTIAICA LL</u> Firm/Company	<u>e</u>
	10921 BiG .T	TCTT LANE Address	
	CLERMONT ;	City/State and Zip Code	
		THE SET YOU COM	
For further information	n concerning this matter, please c	all:	
SAUGUNAH	SMATHERS	at ( <u>352) 227</u>	0570
	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	r the following amount:		
∠ \$25.00 Filing Fee	☐ \$30.00 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)
1ailing Add		Street Address:	e. at a
Registratio		Registration S	
	Corporations	Division of Co The Centre of	-
P.O. Box 6.	527 FEL 30314		roe Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	ur records.)		
The Articles of Organization for this Limited I	Liability Company v	were filed on	<del></del>	and assigned	
Florida document number	<del></del> ·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name</u> o	of the limited liabil	lity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if appli	cable:			·	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		10921 BIQ	1 3471	2022 SEP SEOFIET TALL	- 
B.) If amending the registered agent and/or agent and/or the new registered office address.		ddress on our record	s, <u>enter the name</u>	E S E S	ered
Name of New Registered Agent:	SAUAUNAU	SMATHERS /	MYSELF	TATE FL	_
New Registered Office Address:	10921 BLG	Finter Florida str	vet address		_
	CLERMONT		Florida	34711	_
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TAYLOR XORAN	ipali Bila Trice (AUC Clarent FL, 34711	Add
	WILLIAMS		□Remove
			□Change
			□Add
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·			🗆 Add
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			D.Chm.

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f an eff Note:	ive date, if other than the date of filing:
record is fi	ed 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 led.
Dated	August 22, 2022.
	- January M. M. Strand
	Signature of a matches of hutborized communication of
	Signature of a member of authorized representative of a member