



Office Use Only



600427856126

04/19/24--01020--014 **25.00

COVER LETTER

SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number at () Area Code Daytime Telephone Number a check for the following amount:			
	JUDY R SMITH			
		Name of Person		
		Firm/Company		
	11440 OKALOOSA DR			
	VENICE, FL 34293	Address		
		ICOM	tication)	
For further information c		•	realish)	
JUDY R SMITH				
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
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	,		Remove
			☐ Change

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR SMITH 50 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 $\frac{08/19/2021}{1}$ and assigned Florida document number L21000373788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JUDY RAE SMITH LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address ___, Florida _ Circ

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

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f an effecti <mark>Note:</mark> If	date, if other than the over date is listed, the date must he date inserted in this blo 's effective date on the De	t be specific and cannot lock does not meet the	applicable statutor	ig or more than 90 days	optional) safter filing.) Pursuant to (s, this date will not be l	505.020 listed a
- المدينيين	pecifies a delayed effective	e date, but not an effe	ctive time, at 12:01	a.m. on the earlier o	of: (b) The 90th day a	fier the
d is filed	41101202	4				
rd is filed	4/10/202	R. Stenature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00