## 12200007921

| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| (0.9,00=====,                           |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
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## **COVER LETTER**

| Divi           | ision of Cor  | porations                                    |   |  |
|----------------|---------------|--|---|--|
| SUBJECT:       | Smith Grou    | p Estates LLC                                |   |  |
| SUBJECT:       |               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed   | Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return  | all correspo  | ndence concerning this matter                | to the following:   |  |
|                |               | Christopher Smith                            |   |  |
|                |               |  | Name of Person  |  |
|                |               |  | Firm/Company  | ·-·  |
|                |               | 9912 Bosque Creek Circle,                    | Apt.303   |  |
|                |               | <del></del>                                  | Address   | <del></del>  |
|                |               | Tampa, FL 33619                              |   |  |
|                |               | christopher.j.smith00@gma                    | City/State and Zip Code<br>il.com                                   |  |
|                |               | · · · · · ·                                  | to be used for future annual report notific                         | ation)   |
| For further in | nformation co | oncerning this matter, please ca             | all:  |  |
| Christopher !  | Smith         |  | 575 <b>40</b> 5-97 <b>8</b> 6                                       |  |
|                | Name of       | f Person                                     |   | 'elephone Number   |
| Enclosed is a  | check for th  | ne following amount:                         |   |  |
| □ \$25.00 F    | iling Fee     | ☐ \$30.00 Filing Fcc & 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) |
| <u>Mai</u>     | ling Address  | <b>S:</b>                                    | Street Address:   |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Smith Group Estates LLC  |  | APR<br>AHA                     |  |  |
|--|--|--------------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   |  |                                |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number L22000007921   | AH D AH D STEEL ST |                                |  |  |
| This amendment is submitted to amend the following:  |  |                                |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |                                |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC  | " or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:  | 9912 BOSQUE CREEK CIRC   | :LE                            |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | APT. 303   |                                |  |  |
|  | TAMPA, FL 33619  |                                |  |  |
| Enter new mailing address, if applicable:  | 9912 BOSQUE CREEK CIRC   | LE                             |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | APT. 303   |                                |  |  |
|  | TAMPA, FL 33619  | <del></del>                    |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>enter</u>   | the name of the new registered |  |  |
| New Registered Office Address:   | Enter Florida street addres  | 7.5                            |  |  |
|  | , FI   | orida                          |  |  |
|  | Ciņ  | Zip Code                       |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |                                |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete                    |  |                                |  |  |

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

| <u>Title</u> | <u>Name</u>                           | Address                     | Type of Action  |
|--------------|---------------------------------------|-----------------------------|-----------------|
| AMBR         | CHRISTOPHER SMITH                     | 9912 BOSQUE CREEK CIRCLE    | <b>≅</b> Add    |
|              |                                       | АРТ. 303                    |                 |
|              |                                       | TAMPA, FL 33619             | □ Change        |
| AMBR         | BRIANA SMITH                          | 9912 BOSQUE CREEK CIRCLE    | <b>≣</b> Add    |
|              |                                       | APT. 303                    | □Remove         |
|              |                                       | TAMPA, FL 33619             |                 |
| AMBR         | SMITH GROUP HOLDINGS LLC              | 120 MADEIRA DRIVE NORTHEAST | □Add            |
|              |                                       | STE 220                     | <b>≡</b> Remove |
|              |                                       | ALBUQUERQUE, NM 87108       | □ Change        |
|              | · · · · · · · · · · · · · · · · · · · |                             |                 |
|              | ,                                     |                             | □Remove         |
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| Frective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D | st be specific and cannot be p<br>ock does not meet the app | plicable statutory filing |                       | g.) Pursuant to 605.020        |
| ecord specifies a delayed effectiv<br>is filed.   | e date, but not an effectiv                                 | re time, at 12:01 a.m. o  | n the earlier of: (b) | TALTARY THE 90th day After the |
| ted April 22  |   | ·                         |                       |                                |
|   |   |                           |                       | FLORIDA                        |
|   | - ht  | <b></b>                   |                       | 327                            |