

122000007921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

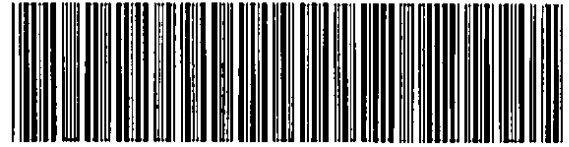
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 28 AM 9:03

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JUN 20 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smith Group Estates 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:

Christopher Smith

Name of Person

Firm/Company

9912 Bosque Creek Circle, Apt.303

Address

Tampa, FL 33619

City/State and Zip Code

christopher.j.smith00@gmail.com

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

For further information concerning this matter, please call:

Christopher Smith

575

405-9786

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
and assignee

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTOPHER SMITH	9912 BOSQUE CREEK CIRCLE	<input checked="" type="checkbox"/> Add
		APT. 303	<input type="checkbox"/> Remove
		TAMPA, FL 33619	<input type="checkbox"/> Change
AMBR	BRIANA SMITH	9912 BOSQUE CREEK CIRCLE	<input checked="" type="checkbox"/> Add
		APT. 303	<input type="checkbox"/> Remove
		TAMPA, FL 33619	<input type="checkbox"/> Change
AMBR	SMITH GROUP HOLDINGS LLC	120 MADEIRA DRIVE NORTHEAST	<input type="checkbox"/> Add
		STE 220	<input checked="" type="checkbox"/> Remove
		ALBUQUERQUE, NM 87108	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 April 22 2022



Signature of a member or authorized representative of a member

Christopher Smith

Typed or printed name of signee

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2022 APR 28 AM 9:03
CLERK OF STATE
TALLAHASSEE, FLORIDA