## 

(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:









20:18 14 24 EH 8: 20

## **COVER LETTER**

	gistration Se rision of Cor			
CHD IEZT.	Smitty's Flo	oors LLC		
SUBJECT:		Name of Lim	nited Liability Company	_
The enclosed	d Articles of .	Amendment and fec(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael Smith		
			Name of Person	<del></del>
		Smitty's Floors LLC		
			Firm/Company	
		3438 SW Funtuna Street		
			Address	
		Port St Lucie, FL 34953		TENTY 24
			City/State and Zip Code	
		kyleestile@gmail.com		
			to be used for future annual report notification)	- <u> </u>
For further in	nformation co	oncerning this matter, please c	all;	8: 20 3: 11:
Michael Smi	ith		772 626-4248 at ( )	,
	Name of	Person	Area Code Daytime Telephone Nur	nber
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Reg	iling Address gistration S vision of Co	<del>_</del>	Street Address: Registration Section Division of Corporations	
	). Box 632'		The Centre of Tallahassee	
Tal	lahassee, F	FL 32314	2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smitty's Floors LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000006566</u>	were filed on 01/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:	3438 SW FUNTUNA STREET	: 23
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE, FL 34953	
		[2]
Enter new mailing address, if applicable:	3438 SW FUNTUNA STREET	
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FL 34953	20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	, F10F10 , F10F10	Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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	Nicholas Loggia	3438 SW FUNTUNA ST	
		PORT ST LUCIE, FL 34953	Remove
			□Change
<del></del>			
			□Remove
		<del></del>	Change
			Change
			Remove 8. 2 Schange
	<del></del>		□Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			Add
			□Remove
<del></del>			□Add
			□Remove
			□Change

Smith is the sole owner of	f my LLC and acting Manager. I also noticied thee is a type-o under my principle
address in Sunbiz. After Po	Port St Lucie, it shows the number 34 instead of FL. If we can please correct this type-o
as well would be greatly a	appreciated.
_	
<del></del>	
	<del></del>
tive date, if other than tl	the date of filing: (optional)
fective date is listed, the date n If the date inserted in this	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 s block does not meet the applicable statutory filing requirements, this date will not be I be Department of State's records.
	J: 73
rd specifies a delayed effect iled.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a
	24
May 17th	2023
(1. 1.	

Typed or printed name of signee