

L23000050996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

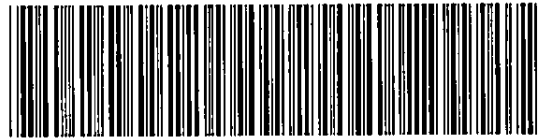
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 FEB 23 PM 2:51
CLERK OF STATE
TALLAHASSEE, FL

February 16, 2023

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

Re: Amended Articles of Organization

To whom it may concern:

I am attaching two separate amendments to the Articles of Organization for the following LLCs:

1. D. Allen Smith PLLC
2. SmashThumb LLC

In both situations, I am amending the title for myself from an Authorized Person (AP) to Authorized Member (AMBR). I am the only member of both of these LLCs and I chose the incorrect designation when I established each company.

I have included one check in the amount of \$50 to cover the \$25 filing fee for each company.

Below is my contact information in case you need it:

D. Allen Smith
(216) 337-3149
324 N. Bellagio Dr
Saint Augustine, FL 32092

Thank you in advance!

Sincerely,


D. Allen Smith

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DIVISION OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D Allen Smith PLLC
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:

Dwayne Allen Smith
Name of Person

D Allen Smith PLLC
Firm/Company

324 N Bellagio Dr
Address

St. Augustine, FL 32092
City/State and Zip Code

dallensmithfl@gmail.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Dwayne Allen Smith at (216) 337-3149
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D Allen Smith PLLC

(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 January 31, 2023 and assigned
Florida document number L23000050996.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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TALLAHASSEE, FL

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

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, 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	Dwayne Allen Smith	324 N Bellagio Dr	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE
TALLAHASSEE, FL

[illegible]

(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)

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.

D. Allen Smith
Signature of a member

Dwayne Allen Smith

Typed or printed name of signee

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ST. JOHN'S COUNTY
TALLAHASSEE, FL