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S. FRANKLIN TIAY 18 213

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: K. Smith Name of	Profession Service LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Ken J. Sm, th Name of Person
<u> K. Smi</u>	th Profession Service Firm/Company
701 S.LV	er Beach Rd Address
	Park FL 33403 City/State and Zip Code
Ken hamil addr	oss: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Ken 5. Smith Name of Person	at (9 5 4) 5 5 3 - 8 5 6 6 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S\$25,00 Filing Fee Securificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K . Smith Pro	fession	service LL
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears .iability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	3 /6 / 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company her	<u>1023</u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		10 p 15 c
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our re	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florie	la street address
		Florida
	Ciţy	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>	Address	Type of Action
MGR	Ken J Smith	701 Silver Beach Ro	4∃Add
		Lake Park, FL 334	<u>03</u> ⊒Remove
			SChange
			□Add
			□Remove
			□Change
			JAdd
			□Remove
			□Change
			□Add
			□Remove
			IChange
			□Add
			□Remove
			□Change
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			□Кепи ve
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
~	
-	
FC4' .	
an effecti fo te: - If t	date, if other than the date of filing:
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ated	03/30/2023
	Signature of a member of authorized representative of a member
	Ken J Sm? th Typed or printed name of signee

Filing Fee: \$25.00