L23000238212

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, , , ,	
(Degree and News heat)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	
	'
\mathcal{U} .	`

Office Use Only

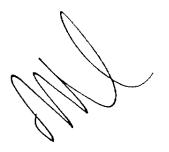


900440718289

12/09/24--01017--007 **25.00

SECRETARY OF STATE TALLAHASSEE, FL

SIDA DEC LO DA SU



Smithcreek Management LLC 12245 SW 64 Ave Pinecrest, FL 33156

December 2, 2024

To Whom It May Concern:

Please accept the enclosed document amending the name of our limited liability company to Smithroad Mgt, LLC. Also enclosed is a check payable to the Florida Department of State in the amount of \$25.00.

We appreciate your attention in addressing our request. Please do not hesitate to contact us should you require any further information.

Sincerely,

Sheri Figueroa, CPA

Accounting Director sheri@figueroa-cpa.com m. 305.978.6202

SECRETARY OF STATE

COVER LETTER

Division of Corp					
SMITHCRI SUBJECT:	EEK MANAGEMENT, LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	MARIA COSTA SMITH				
		Name of Person			
		Firm/Company	<u>. </u>		
	12245 SW 64TH AVE				
		Address			
	PINECREST, FL 33156				
		City/State and Zip Code			
	sheri@tigueroa-cpa.com		(mail and		
		o be used for future annual report notif	neadon)		
For further information c	concerning this matter, please ca	all:		21 SE	
SHERI FIGUEROA		305 978-6202 at ()		74 DI ECR	
Name o	of Person	Area Code Daytim	e Telephone Number	2024 DEC -9 PM SECRETARY OF TALLAHASSER	**************************************
Enclosed is a check for t	he following amount:			\sim	
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate of Certified Co (additional co)	of States S	

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

SMITHCREEK MANAGEMENT, LLC		- <u></u> -
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on 5/15/2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SMITHROAD MGT, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 6 8 -
		<u></u>
	 -	
B. If amending the registered agent and/or registered of	office address on our records. enter th	e name of the new registered
agent and/or the new registered office address here:		₹0
		OF S
Name of New Registered Agent:		 7 •-
		7 7 8 B
New Registered Office Address:	Enter Florida street address	
	, Flori	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			SEGRETA Character TALLAHAS
			PH CF PLANTE CRemove
			□Change
			□ Add
			□Remove
			□Change

	 -						-		
							·	 	
				<u>-</u>					
									
						 			
				_					
					-				
									_
									
<u> </u>									
			- 	_		-			
								SE	202
								ORE:	2024 DE1
fective date, i	f other than the date	of filing	g:				(optiona	n	C
an effective date i ote: Hi the date	s listed, the date must be s inserted in this block d	secific and oes not n	l cannot be pr neet the app	ior to date of licable stati	Tiling or mo utory filing	re than 90 di , requireme	ays after filir nts. this da	ig.) Pursuant i te willzjot-be	3 6023 720 2 listgd a
ocument's effec	tive date on the Depart	nent of S	itate's recor	ds.					7 . 2:
								STAT	S
record specities Lis filed.	a delayed effective date	2, but not	an effective	e time, at 13	2;01 a.m. o	n the earlic	rr oft (ħ)	The 90throng	after the
in med.									
ated	NOVEMBE	R 21st	2024	. مر		,			
		-			J				
			2/1/		\ \				
	Sign	nure of a i	member or let	жиотиеа гер	nesemanye (л а шешбег			