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Office Use Only



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Registration Section TO: Division of Corporations Smith Services & Repairs LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ceerl Smith
Name of Person SMITH SERVICES & Repairs LLL
Firm/Company 4704 Buchanan dr FT Peirce FL 34982
City/State and Zin Code Smith Services //c/ @ Gmail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cecil Smith at (<u>471</u>) <u>971-0670</u> Area Code Daytime Telephone Number Enclosed is a check for the following amount: **2** \$30.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

| | OF | FILED |
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| |) | 23 JUN 29 PH 43 37 |
| SMITA Scrulces B (Name of the Limited Liability C) (A Florida Lir | capits LLL | 4. 37 |
| (A Florida Lin | nited Liability Company) | ON DUT PECOTOR AND SSEE STATE |
| The Articles of Organization for this Limited Liability Com | nany were filed on U | ene of 1013 and assisted |
| Florida document number L 23 000 266876 | , | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company her | <u>e</u> : |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the des | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | : | |
| B. If amending the registered agent and/or registered of | ffice address on our rec | ords, 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 Florid | a street address |
| | | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered A | gent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change. | plete performance of m t as provided for in Ch | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

| $\mathbf{AMBR} = \mathbf{A}$ | Authorized Member | | |
|------------------------------|---------------------------------------|------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Cecil Smith | SW Ingam ST | Z Add |
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| | | | □Change |
| MGR | Gregg E Smith | Sas Ingram ST Danville VA 24840 | □Add |
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| If an cfl <u>Note:</u> | exercise date, if other than the date of filing: June 26, 2023 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e recor | d 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 ed. |
| Dated | Tune 26 202) |
| | |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |
| | (4) |