L23000266876

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300421012763

01/11/24--01017--309 **25.00

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cecil Smith
Name of Person
SMITH Services and Repairs LLC Firm/Company
525 Ingm 5T
Panville VA 24540
City/State and Zip Code
Smith Service SLL(10 Gmn/1001 E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clc1 Sm17A at (772) 971-0670

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section Division of Corporations

□ \$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

TO ARTICLES OF ORGANIZATION OF

Smith servers & Acprips LLL

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <i>June 01</i>	2023 and assigned
Florida document number <u>L. 23000 266876</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
re de la cella de la la		· · ·
Enter new mailing address, if applicable:	Dunville VA	14540
(Mailing address MAY BE A POST OFFICE BOX)	LANGUITE VII	41140
		· · ·
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:		<u></u>
	Enter Florida street address	
	, Florid	la Zip Code
	City	гір Сойе

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Gregory & Smith	4704 Buchanan	□Add
		FT Peike FL 34782	Remove
			□Change
AP	Cecil Smith	525 Ingram ST	Æ Add
		Dipuille VA 24540	□Remove
			□Change
m62	Levil Smith	Denville VA 24540	□Add
		Denville VA 24540	⊠ Remove
			Change
			□Add _
			□Remove
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□Change

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an effective date ote: If the date										
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record specifie	s a delayed	effective dat	e, but not	an effecti	ve time, at	12:01 a.m.	on the earl	ier of: (b)	The 90th	day after the
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