## L23000294488

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## **COVER LETTER**

	Registration Se Division of Cor			
CUD IF C		abrication, LLC		
SUBJEC'	l:	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		Allison Monzon		
			Name of Person	<del> </del>
		ZenBusiness INC		
			Name of Person  Firm/Company  te 301  Address  City/State and Zip Code .com s: (to be used for future annual report notification) e call:  at (	
		336 E. College Ave Suite	301	
Address				
		Tallahassee, FL 32301		
			City/State and Zip Code	<del></del>
		fulfillment@zenbusiness.co		
For furthe	r information c	E-mail address: ( concerning this matter, please c	·	stification)
		oncerning this matter, prease e		
c/o Zenis	usiness INC		at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
_	1ailing Addres			ection
	Division of C		Division of Co	
	O. Box 632		The Centre of	Tallahassee
1	`allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

Valhalla Fabrication, LLC

(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 2023-06-19	and assigned
Florida document number L23000294488	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Smith Home Solutions LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
• • •		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere		he name of the new registe
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere		he name of the new registe
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:		he name of the new register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New 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
AMBR	SMITH, JESSICA	1131 Bentley Avenue Spring Hill, FL 34608-6615	□Add
			■Remove
			□ Change
			□Add
			□Remove
			□ Change
	<del></del>	<del></del>	□Add
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fective date, if other than the un effective date is listed, the date mote: If the date inserted in this becament's effective date on the I	ist be specific and cannot be prior block does not meet the applic	r to date of filing or more th cable statutory filing req		
ecord specifies a delayed effecti is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after the
ted	, 2023	·		
/s/ Franklin	Smith			
	Smith Signature of a member or auth	orized representative of a r	member	<del></del>

Filing Fee: \$25.00