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| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT MAIL | |
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| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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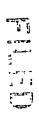


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COVER LETTER

| Division of Co | rporations | | | | |
|---------------------------------|---|--|---|-----|--|
| SMUTH D | DEVELOPMENT LLC | | | | |
| SUBJECT: | Name of Lim | Name of Limited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Matthew Martin | | | | |
| | | Name of Person | | | |
| | SMUTH DEVELOPMEN | TLLC | | | |
| | | | | | |
| | | | | | |
| | | Address | | | |
| | Wesley Chapel, Fl. 33545 | | | | |
| | | City/State and Zip Code | | | |
| | smuthdevelopment@gmail. | | | | |
| | E-mail address: (| to be used for future annual report notification) | | | |
| For further information of | concerning this matter, please co | all: | | | |
| Matthew Martin | | 239 391-2553 | 2 | | |
| Name e | of Person | Area Code Daytime Telephone 3 | Number 77 73 75 | 7 | |
| Enclosed is a check for t | he following amount: | | | •:1 | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certadditional copy is enclosed) Certadditional copy is enclosed) | Number 2023 NOV 17 PH 2: 36 0.00 Filing Fee OF crifficate of Status & criffied Copy is entlosed. | | |

TO: . Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SMUTH DEVELOPMENT LLC | | |
|---|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000470049 | were filed on Oct 12, 2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| 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: | address on our records, enter the nai | me of the new registers |
| | | F 9 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 15 S C T T T T T T T T T T T T T T T T T T |
| | Enter Florida street address | ST. F. |
| <u></u> | Florida | 36 FL |
| | City | 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 |
|--------------|----------------|--------------------------|---|
| MGR | Matthew Martin | 33652 Hamilton Hill Lane | ■Add |
| | | Wesley Chapel, FL 33545 | □Remove |
| | | | □Change |
| | | | □Add |
| | | · | Remove |
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| ffective date, if other than the d | ate of filing: | • | | | (optional) | | |
| an effective date is listed, the date must b | e specific and c | cannot be prior | to date of filin | g or more than 90 | days after filing. |) Pursuant to | 605 412 0 |
| ote: If the date inserted in this bloc ocument's effective date on the Dep | artment of Sta | ate's records. | ane statutory | ming require | nents, this date | 그도 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | | | , 4 | i o |
| record specifies a delayed effective a is filed. | date, but not a | in effective ti | me, at 12:01 | a.m. on the ear | lier of: (b) Th | e 90th day | after the |
| November 13th | | 2023 | <u> </u> | | | | |
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Filing Fee: \$25.00

Typed or printed name of signee