

L24000 272874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

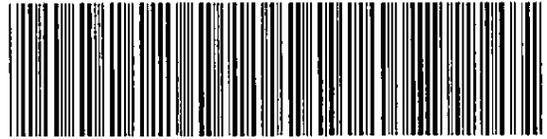
(Business Entity Name)

(Document Number)

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R. HUNT

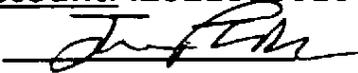
Ad 2/1/24

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: \$30.00

Authorization Signature: 

Business Name: SMART POLES LLC

Document # L24000272874

Certified Copy

Certificate of Status

NEW FILINGS

&

AMENDMENTS

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

Corp

Inc

Other

Amendment

Resignation / Dissociation

Change of Registered Agent

Revocation of Dissolution

Merger

Articles of Conversion

Amended & Restated Articles of Incorporation

Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

Apostille(s)

Country(s)

Foreign Filing

Reinstatement

Qualification

Fictitious Name

Annual Report

EXAMINER'S INITIALS: _____

11
03
03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART POLES LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JENNIE RIOS SANCHEZ
Name of Person
SMART POLES LLC
Firm/Company
333 LAS OLAS WAY SUITE 100
Address
FORT LAUDERDALE, FL 33301
City/State and Zip Code
JENNIE.M.RIOS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIE RIOS SANCHEZ
Name of Person
561 779-9028
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$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

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

SMART POLES 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 6-17-2024 and assigned Florida document number L24000272874.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 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: _____

Enter Florida street address

_____, Florida _____

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DON JOHNSON	P.O. BOX 120456	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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