

LZ4000 Z81800

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

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| Smith Bros | Properties LLC | | | |
|---------------------------------|--|---|---|--|
| SUBJECT. | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Dmitriy Koval | | | |
| | | Name of Person | | |
| | Smith Bros Properties LLC | | | |
| | | Firm/Company | | |
| | 11011 SE 295th ST | | | |
| | <u> </u> | | | |
| | Auburn, WA 98092 | | | |
| | | City/State and Zip Code | | |
| | thesmithbrosproperties@gn | | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further information c | oncerning this matter, please c | all: | | |
| Dmitriy Koval | | 206 787-2348 | | |
| Name o | f Person | at () Area Code Dayti | me Telephone Number | |
| Enclosed is a check for the | ne 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 | | Street Address: | agtion | |
| Registration S Division of C | | | Registration Section Division of Corporations | |
| P.O. Box 6327 | | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Smith Bros Propenies LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our record I Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Comparation document number $\frac{L24000281800}{L24000281800}$. | ny were filed on 06/03/2024 | and assigned |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC | or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | | 207 |
| | | 2024 DEC |
| nter new mailing address, if applicable: | | |
| Agiling address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | m x c |
| | | 9: 0 |
| . If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new registe |
| gent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Her Registered Office Figuress. | Enter Florida street addres | SS . |
| | . Flo | orida |
| | 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> | Address | Type of Action |
|--------------|---------------|---------------------|-----------------|
| AMBR | Igor Koval | 19010 SE 270th ST | |
| | | Covington, WA 98042 | ■Remove |
| | | | □Change |
| MGR D | Dmitriy Koval | 11011 SE 295th ST | □Add |
| | | Auburn, WA 98092 | □Remove |
| | | | ≡ Change |
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| If an et Note: | tive date, if other than the date of filing: 11/25/2024 (optional) (detrive 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 ment's effective date on the Department of State's records. |
| e reco rd is f | ord 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 filed. |
| | 11/25/2024 |
| Dated | |
| Datec | |
| Datec | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00