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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Small Indus	stries, LLC.		
Sonsec		Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Il Industries, LLC. Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Ian Small		
			Name of Person	
			Firm/Company	
		1790 Fiddlers Ridge Drive		
			Address	
		Fleming Island, FL 32003-	7467	
		-	City/State and Zip Code	
		ianmsmall[58@gmail.com;	aedansmall727@gmail.com	
		E-mail address: (t	o he used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	И:	
Ian Smal	11			
	Name of	Person		e Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee		-	

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**

Small Industries, 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 L	iability Company were filed on 10-29-2024	and assigned
Florida document number 1.24000463924	.	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
Small Industries LLC		
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 applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter</u> ess here:	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
	, Flo	oridaZip Code

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		-	Change
			DAdd
			□Remove
			□Change
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			🗆 Add
			□Remove
			□Change

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			* " " "	
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	be specific and cannot be prior to sek does not meet the applicab	date of filing or more the le statutory filing req	(optional) an 90 days after filing.) Pursuan uirements, this date will not	t to 605,0207 be listed as
cord specifies a delayed effective (filed.	date, but not an effective time	e, at 12:01 a.m. on th	e earlier of: (b) The 90th da	ay after the
11-26-2024 ed	12:00pm	.•		
	I an Sarahl			
-	Fignature of a member or authorize	ved representative of a	nember	