M1800000 9611

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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Amendicos

MAY 2.9 ZUTS LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Derek Smith L Name of Foreign	<u>au)</u> Group Limited Liability Comp	PLLC, LLC
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Caroline H. Miller Name of Person		
Derek Smith Law Gro- Firm/Company	p Puc	
701 Brickell Avenue, Suit	e 1310	
Miami, Fi 33131 City/State and Zip Code		
E-mail address: (to be used for future annual re	w. Comport notification)	
For further information concerning this matter, ple	ease cali:	
A	_	o 1884 e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (9/15)	2	(breviousily brouged)



March 25, 2019

CAROLINE H. MILLER 701 BRICKELL AVENUE STE. 1310 MIAMI, FL 33131

SUBJECT: DEREK SMITH LAW GROUP, PLLC, LLC

Ref. Number: M18000009611

We have received your document for DEREK SMITH LAW GROUP, PLLC, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

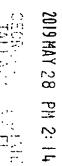
The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign-Limited-Liability-Gompany. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 619A00005808



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	· (· · · · · · · · · · · · · · · · · ·
1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: Derex Smith L	aw Group, PLLC, LLC =
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	701 Brickell Ave.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 Brickell Ave. Suite 1310 miami, FL 33131
2. The Florida document number of this limited lia	bility company is: MISOOOOGON
3. Jurisdiction of its organization:	· ·
4. Date authorized to do business in Florida: $$	0125 2018
SECTION II (5-9 complete only the applicable of	changes)
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name" or "LLC.")
6. If amending the registered agent and/or registerer registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: COCO	ne H. Miller
New Registered Office Address: 701 Br	Enter Florida Street Address
	City, Florida 3313
the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and t am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited his change.
JY C	hanging Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Fitle/ Capacity	<u>Name</u>	Address	Type of Ac	
arther	Carcine H Miller	701 Brickell Ave, Suite 1 Miami FL 33131	<u>3X) [X]</u> Add	
			Ren	
mer	Andrew Aitowski	100 SE 2 St, = 2000 MIAMI, FL 33131	Add	
			Ren	
			Add	
			Ren	
			Add	
			Rem	
			Add	
aforemention	inder the law of which this entity is organ	the official having custody of records in th	Rem	

Filing Fee: \$25.00