

LOG 000072997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

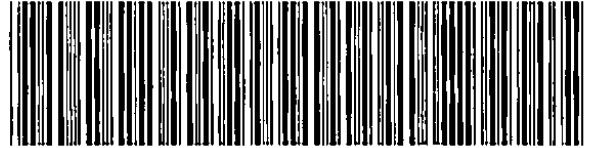
(Document Number)

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2020 NOV 17 PM
SECRETARY OF STATE
TALLAHASSEE, FL

11/19/20

OR



recd
11/9/20
KMA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2020

KENNETH M. ACKERMAN
601 21ST STREET
SUITE 318
VERO BEACH, FL 32960

SUBJECT: SMARTLIFE FINANCIAL GROUP LLC
Ref. Number: L09000072997

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 220A00021108

Letter ADJ

THANK YOU

Ken Becken

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Smartlife Financial Group 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:

Kenneth M. Ackerman

Name of Person

Smartlife Financial Group LLC

Firm/Company

601 21st Street, Sute 318

Address

Vero Beach, FL 32960

City/State and Zip Code

ken@smartlifefg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth M Ackerman

Name of Person

561

at ()

Area Code

284-4168

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

FILED

2020 NOV 17 PM 5:13

Smartlife Financial Group LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/29/2009 and assigned
Florida document number L09000072997.

This amendment is submitted to amend the following:

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

Portsmouth-Smartlife Financial Group, 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 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>
<u>Pres</u>	Ashleigh Baratta	601 21st Street	<input type="checkbox"/> Add
		Suite 318	<input checked="" type="checkbox"/> Remove
		Vero Beach, FL 32960	<input type="checkbox"/> Change
<u>MGR</u>	Michael Baratta	6190 Powers Ferry Road	<input checked="" type="checkbox"/> Add
		Suite 505	<input type="checkbox"/> Remove
		Atlanta, GA 30339	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This section contains horizontal lines for providing amendments.)

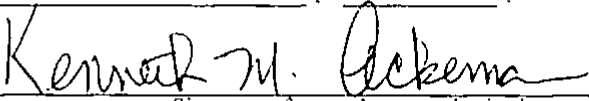
F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 11, 2020



Signature of a member or authorized representative of a member

Kenneth M Ackerman

Typed or printed name of signee

Filing Fee: \$25.00