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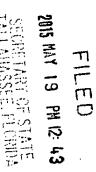
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N. Cuttigan MAY 2 0 2012

## COVERLETTER

TO: Registration Section Division of Corporation	ns
SUBJECT: FOR TEST	Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
	SMarkTest LLC Finn/Company
	Name of Person
,	SMARKTEST LLC
	Firm/Company
18	25 S Ocean Drive
<del></del>	Address
()	wit 202 Hallandale Fl. 33,000
	City/State and Zip Code  E-mail address: (to be used for future annual report notification)
<u>A</u> /	ebarca 77@ gmail com
For further information concerning	•
GIANNINO Ales	at ( <u>786</u> ) <u>7316869</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number

### MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

■ \$60.00 Filing Fcc,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION OF

FILED 2015 MAY 19 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited I	ny asit now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000 33699</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  SMARK TEST LLC  The new name must be distinguishable and contain the words "Limited Liabil	•
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1825 S OCEAN DRIVE Unit 802 HAllandale, FL 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	STAS NN 152 TERRACE Miami Lakes FL 33018
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			Remove
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	other than the date of filing:  isted, the date must be specific and cannot be prior to date of filing or r	(optional)	<b>1207</b>
ote: If the date i	issed, the date mass the specime and cannot be prior to date of ming of a serted in this block does not meet the applicable statutory filing the date on the Department of State's records.		
record speci	ies a delayed effective date, but not an effective after the record is filed.		r of:
The 90th day	15 , 2015 P & lo 6-		
The 90th day	2015  Quantino Slassono  Signature of a member or authorized representative	re of a member	

Page 3 of 3