

L15000036952

Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMARTY PRODUCTS LLC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SMARTY PRODUCTS 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 Liability Company were filed on 02/27/2015 and assigned Florida document number L15000036952

This amendment is submitted to amend the following:

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

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:

1000 PONCE DE LEON BLVD

(Principal office address MUST BE A STREET ADDRESS)

STE: 310

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

1000 PONCE DE LEON BLVD

(Mailing address MAY BE A POST OFFICE BOX)

STE: 310

CORAL GABLES, FL 33134

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:

CHANGE OF ADDRESS

New Registered Office Address:

1000 PONCE DE LEON BLVD STE: 310

Enter Florida street address

CORAL GABLES

Florida 33134

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

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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>
AMBR	CHANGE OF ADDRESS	1000 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		STE: 310	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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