

L 15000066402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

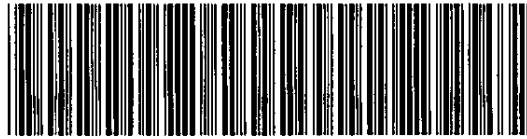
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400273040844

EFFECTIVE DATE
6-12-2015

400273040844
06/09/15--01031--001 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN -9 PM 2:55

FILED

K. SALY
EXAMINER
JUN 11 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLD SMART ANGEL 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:

NORMA F. ECHARTE, ESQ.
Name of Person
NORMA ECHARTE & ASSOCIATES
Firm/Company
801 BRICKELL AVENUE, SUITE 900
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
Norma.Echarte@nfelawmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA ECHARTE, ESQ. at (**305**) **755-7440**
Name of Person Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
6-12-2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 JUN -9 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD SMART ANGEL 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 04/15/2015 and assigned Florida document number L15000066402.

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 end with 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: Ariel Giglio

New Registered Office Address: 5481 WILES ROAD, SUITE 505

Enter Florida street address

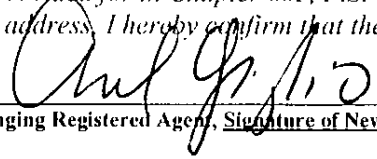
COCONUT CREEK, Florida 33073

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|----------------------|------------------------------|--|
| AMBRM | GUSTAVO M. PASSANO | GUSTAVO M. PASSANO | <input type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input checked="" type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| AMBR | MARIA DE LOS ANGELES | MARIA DE LOS ANGELES RUBIOLO | <input type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input checked="" type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| MGR | ANGEL A. MARTINEZ | ANGEL A. MARTINEZ | <input checked="" type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| MGR | MARTA GRIGUELA | MARTA GRIGUELA | <input checked="" type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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 2015 JUN -9 PM 3:55
 CLERK OF DISTRICT COURT
 MIAMI, FLORIDA

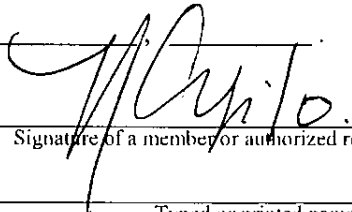
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: June 12, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee