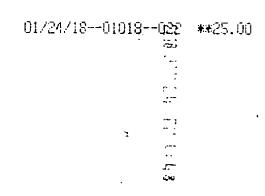


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







JAH 25 mm

COVER LETTER

	CLICK ACCESSORIES, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MARK KAHN		
		Name of Person	
	PRIVATE ADVISING GR	OUP, P.A.	
		Firm/Company	
	600 BRICKELL AVENUI	E, SUITE 1725	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	MARK@PAG.LAW E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	ŕ	
MARK KAHNat (305) 292-1599		<u></u>	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/11/2016	and assigned
Florida document number <u>L16000188559</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
SMASH TECHNOLOGIES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 63
Principal office address MUST BE A STREET ADDRESS)		; ()
		.
		.:=
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		A19m
Statung udaress SIAT DE ATOST OFFICE BOAT		L S
3. 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:		nter the name of th
New Registered Office Address.	Enter Florida street address	
	Florid	a
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ONECLICK ACCESSORIES, LLC

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR_	STAMAX CORP	8475 NW 29TH STREET	
		MIAMI, FL 33122	✓ Remove
			☐ Change
			□ Add
			_ □ Remove
			Change
			□ Add
			□ Remove
			☐ Change
	·		□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
		-	□ Change

amending any other informati	on, enter change(s) i	iere: (Anach aa	аниона ѕпесіх	, ij necessary.)	
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Tective date, if other than the din effective date is listed, the date must be tet: If the date inserted in this block cument's effective date on the Dep	k does not meet the app artment of State's reco	plicable statutory : rds.	filing requireme	nts, this date will	not be listed as
record specifies a delayed of the 90th day after the recor		not an effectiv	ve ume, at 1.	ziui aimi on	uie eariier oi
ed January 23	. 2018				(-) (-) (-)
Mark Ralm	gnature of a member or a				
S	gnature of a member or a	uthorized representa	itive of a member		22
MARK KAHN					
MUNU VAUN	Typed or p	rinted name of signo	<u>.</u>		

Page 3 of 3

Filing Fee: \$25.00