

L18000018672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

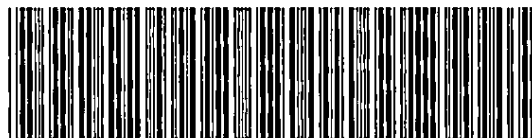
(Business Entity Name)

(Document Number)

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2018 OCT 15 PM 5:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 AM 9:45

OCT 23 11  
S. PRATHER



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KAIRIS TAX & TECHNOLOGY LLC

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

**FILED**  
2018 OCT 15 PM 5:12  
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The Articles of Organization for this Limited Liability Company were filed on 01/22/2018

Florida document number L18000018672

This amendment is submitted to amend the following:

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

SMARTEC ACCOUNTING 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:

4270 NW 19TH AVE SUITE F

**(Principal office address MUST BE A STREET ADDRESS)**

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

4270 NW 19TH AVE SUITE F

**(Mailing address MAY BE A POST OFFICE BOX)**

POMPANO BEACH, FL 33064

**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: \_\_\_\_\_

4270 NW 19TH AVE SUITE F

Enter Florida street address

POMPANO BEACH

City

Florida 33064

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>
MGR	ANA KAIRIS	4270 NW 19TH AVE SUITE F POMPANO BEACH, FL 33064	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. 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 Oct 12, 2018

Signature of a member or authorized representative of a member

ANA KAIRIS

Typed or printed name of signee

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