L18000136363

(Re	equestor's Name)
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PICK-UP	MAIT	MAłŁ
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations		
	ASSOCIA:	TION FOR SMART REGULA	TION, LLC	
SUBJECT: Name of Limite			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		MARK MARK		
			Name of Person	
			Firm/Company	
		1469 MARKET ST		
			Address	
		TALLAHASSEE FL 3231	2	
			City/State and Zip Code	
		BIZ.SERVICES.FI.@GMA		
			to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please ca	all:	
MARK MAI	RK		850 815 0256 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
		ING ADDRESS: ation Section	STREET/COURI Registration Section	
	Divisio	n of Corporations	Division of Corpor	
		ox 6327 issee, FL 32314	Clifton Building 2661 Executive Ce	inter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSOCIATION FOR SMART REC	ULATION, LLC	
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Lie	bility Company were filed on _	5/4/18 and assigned
lorida document number L18000136363	·	
his amendment is submitted to amend the follo	wing:	
a. If amending name, enter the new name of	the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	∷ (? • ∞
inter new principal offices address, if applica	ble:	- CG
Principal office address MUST BE A STREET	ADDRESS)	
		SSE 7 E
	 	C. F. G.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	20X)	35 36 36 36
	<u></u>	
3. If amending the registered agent and/o	r registered office address o	on our records, enter the name of the ne
egistered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:	MIDDLETON & MIDDLETO	₹, P.A.
New Registered Office Address:	1469 MARKET ST	
	Enter F	lorida street address
	TALLAHASSEE	, Florida 32312
	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 Begistered 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>	Type of Action
MGR ADRIAN MIDDLETON	ADRIAN MIDDLETON	1469 MARKET ST	
	TALLAHASSEE, FL	■ Remove	
		☐ Change	
			□ Remove
			☐ Change
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		Add A M Manove 36	
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			□ Remove
			☐ Change

	72 6
	DANGE 36
Effec	tive date, if other than the date of filing: (optional)
(If an et Note:	ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	17.17.18
1711100	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00