

30/5/24, 11:56 a.m.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000375003

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000190787 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LATIN AMERICAN TAXPRO
Account Number : I20220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART TECHNOLOGY DEVICE INTEGRATION LLC

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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MAY 31 2024

K. Brumbley

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RECEIVED
2024 MAY 30 PM 12:40
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

2024 MAY 30 PM 1:51

~~H~~ 240001907873
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART TECHNOLOGY DEVICE INTEGRATION 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:

CIOFFI, ANTONIO

Name of Person

Firm/Company

4944 LONGMEADOW PARK ST

Address

ORLANDO, FLORIDA, 32811

City/State and Zip Code

antoniofficioffir@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CIOFFI, ANTONIO

407

953 1745

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SMART TECHNOLOGY DEVICE INTEGRATION 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 11/30/2020 and assigned
 Florida document number L20000375003.

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:

(Principal office address MUST BE A STREET ADDRESS)

3562 MONACO LN

DAVENPORT FLORIDA 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3562 MONACO LN

DAVENPORT FLORIDA 33897

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:

Enter Florida street address

Florida

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>
MGR	MOTA, DIEGO	3562 MONACO LN	☒ Add
		DAVENPORT FLORIDA 33897	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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

[illegible]

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 MAY 30 2024

Antonio Croff

Signature of a member or authorized representative of a member

CIOFFI, ANTONIO

Typed or printed name of signee

~~#24000 1907 873.~~

Filing Fee: \$25.00