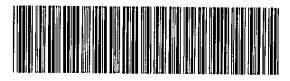
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A. BUTLER NOV 2 2 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: &D	Smart Cons	Uting LLC	
3003ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Pal	Name of Person	
		Name of Person	
		Firm/Company	-
		<i>[</i> , _	
	2536 kg	ret loop Address	
	•		
	k,55 im	vace FL 34743 City/State and Zip Code)
	patricia, al	zate62@ amail-C	017
	E-mail address: (to be used for future afinual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Patricia	Alzate	at (<u>32)</u> 239 Area Code Daytim	3507
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
图 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	Nion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20)			
BD smort (Name of the Limited Lia) (A Flo	bility Company as it now app	earst da pur records 14 12.	•
(A Flo	orida Limited Liability Compan	<u>ह्र) </u>	1
The Articles of Organization for this Limited Liabilit	y Company were filed on	02-01-20211	E and assigned
Florida document number <u>LZ10000 573</u>	<u>39</u> .		
This amendment is submitted to amend the following	::		
A. If amending name, <u>enter the new name of the l</u>	imited liability company	here:	
The new name must be distinguishable and contain the words "	Limited Liability Company, th	e designation "LLC" or the abt	previation "L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	and office address on au	r rozande, antar the name	of the new registered
B. It amending the registered agent and/or registered agent and/or the new registered office address her		records, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter F	lorida 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

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>	Address	Type of Action
net	Aus Alzate LLC	1400 Sanctuary Creat way	D Kdd
		1400 Sanctuary Creek way Apl 13-209, Orlando FC 3085	≥ □Remove
			□Change
			□Add
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			_ □Remove
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Effective date, if other than the date of filing:		
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