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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor				· ·
	STH CT LLC			•
SUBJECT:		•		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		None of Dec.		
	SMAART LLC	Name of Person		
	SMAARI EEC			
		Firm/Company		2022 SE
	8200 W 33RD AVE STE 8		ALL	SEP
		Address		至 2
	HIALEAH, FL 33018		·	2022 SEP 27 MM 11: 00 SECRETARY SEE THE
	RAY@SMAARTCOMPAN	City/State and Zip Code Y.COM		100 m
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
RAY DOMINGUEZ		305 764 - 6179		
None	& D	at ()	: Telephone Number	
Name o	d Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	Nion	
Division of C		Division of Cor		
P.O. Box 632	27	The Centre of T	-	
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3320 SW 88TH CT LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.22000408014		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		DZZ SEP 27
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Flori	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ORGE L FUERTES RODRIGUEZ J	14211 SW 31ST ST	
			□Add
		MIAMI, FL 33175	_
			Remove
			(☐Change
MGR	JORGE I. FUERTES RODRIGUEZ	14211 SW 31ST ST	
			■Add
		MIAMI, FL 33175	
			□Remove
			SEGRETAR Add
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		<u> </u>	
	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste	
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after	the
	2022		
SEPTEMBER, 22			
ated	Dulan Jees Tgnature of a member or authorized representa		