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## **COVER LETTER**

	egistration Sec ivision of Corp			
CUDIDAT		state Services		
SUBJECT	;	, Name of Lim	ited Liability Company	<del></del>
The englass	عد ددادنسه اد	Amandanant and Sac(s) are sub	missed for films	
		Amendment and fee(s) are sub		
Please retui	rn all correspoi	ndence concerning this matter	to the following:	
			Dale Balfour	
			Name of Person	
			bSmart Services LLC	- 3 P
			Firm/Company	OCT PER
		. 8	461 Lake Worth Ave Suite 406	
			Address	15 OCT -4 PM 4: 33
		L	Lake Worth Rd, FL 33467	్. లు
			City/State and Zip Code	, کی
			nfo@bsmartservices.com to be used for future annual report	notification
For further	information co	oncerning this matter, please ca		nomeanon
	Dale B	alfour	561	283-8460
Name of Person		Person	at () Area Code Day	ytime Telephone Number
Enclosed is	s a check for th	e 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g e Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B47 Rea	al Estate Services		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/27/2006	and assigned
This amendment is submitted to amend the following:		·	
A. If amending name, <u>enter the new name of the limi</u>	ted liability company her	<u>·e</u> :	
bSmart Services LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			3
(Principal office address MUST BE A STREET ADDR	ESS)		8 28
			- See
			PH
Enter new mailing address, if applicable:	<u> </u>		# P.
(Mailing address MAY BE A POST OFFICE BOX)			ပ္သ
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on ess here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		<del></del>	<u>-</u>
New Registered Office Address:			<u></u>
	Enter Florid	la 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
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	ve date, if othe ective date is listed If the date insert	, the date mus ed in this bl	st be specific a ock does no	and cannot be t meet the ap	prior to date o	f filing or more tutory filing r	than 90 days	optional) after filing.) F i, this date w	Pursuant to 605.	0207 (3 d as th
Note:	ent's effective da									
Note: I docume ne reco	ent's effective da ord specifies 90th day afte	a delayed er the rec	d effective	e date, but d.	t not an ef	fective tin	ne, at 12:	01 a.m. oı	n the earlie	r of:
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Filing Fee: \$25.00