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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

J. BRYAN

MAR 1 5 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo					
SUBJI	ECT:	S M () Name of Limit	OTHIE E	300ST	LL	С
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
		E:	Name of Person	Shok	Kri Es	50
		SMOOT	HIE BOOS	T 2	LL CLASS	当に
		H28 S.	 	d TE	RR.	PH 1: 23
		GAIN	ESVILLE	FL. 3	32607	23
		SM00TI- E-mail address: (t	City/State and Zip Code 1	eport notification)	MAIL	- Com
For fur	ther information cor	ncerning this matter, please c	all:			
	ESMAIL		at ()			
	Name of I	Person	Area Code	& Daytime Telephon	ne Number	
	ed is a check for the	following amount:				
\$25	5.00 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 Stat Certified Copy (additional copy is	
	MAILIN	G ADDRESS:	STREET	COURIER ADD	RESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

Ol		題で加			
SMOOTH1	E BOOST	LL CREE & O			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our reciability Company)	9/2007			
The Articles of Organization for this Limited Liability Company Florida document number 11-801374:384	were filed on <u>200</u> 9 – 9 LD 70000	and assigned			
This amendment is submitted to amend the following:	4814				
A. If amending name, enter the new name of the limited liabi	lity company here:	LLC			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the desi	gnation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1128 SW.	82 nd TERR			
(Principal office address MUST BE A STREET ADDRESS)	Gainesvil	te FL 32607			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1128 S.W	82 NJ TERR.			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new					

<u>registered agent and/or the new registered office address here:</u>

Name of New Registered Agent:

New Registered Office Address:

_____, Florida ___

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	. SHAMSI RAEISI	TERR. Gainesville 11.32	Add Remove
MERM	ESMAIL SHOKRI	Gainesulle fl. 326	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	•
	(-A	ALLAH AH	
		ASSEE, FE	
Dated	1arch. 3, 201	F S TATE	23
		Anthorized representative of a member	
	SHAMSI RAGSI Typed or	printed name of signee Sha	Krí

Page 2 of 2

Filing Fee: \$25.00