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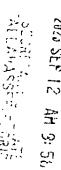
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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09/12/23--01016--021 **25.00



A. RIVERS

SEP 3 0 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOODSW Name	VAR+ ROLL, UC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	Julie RAZ Name of Person
	-and Smart Realty Lic Firm/Company
1510 B	ROKED DR,
Winter (City/State and Zip Code Wes Quail. Com
E-mail ack For further information concerning this matter, ple	dress: (to be used for future annual report notification)
Julie RAO Name of Person	at (407) 427-4571 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \square \$30.00 Filing Fee Certificate of Sta	
Mailing Address:	Street Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lan	dsmar.	+ Realt	1,uc		
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited L		were filed on5/ 65	3/2007	7 and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of Smart The new name must be distinguishable and contain the week the new principal offices address, if applications of the second office address MUST BE A STREE	- STEP words "Limited Liabil cable:	PROPERT		oup, LLC breviation L.L.C." Dak DR.	'78
Enter new mailing address, if applicable:			 		
(Mailing address MAY BE A POST OFFICE	BOX)	 	<u></u> .	17.55 B23	••
				<u> </u>	، د سد
				77. 72	ų. –
B. If amending the registered agent and/or ragent and/or the new registered office addre		nddress on our records.	, enter the nam	型、 要	<u>ed</u> .
Name of New Registered Agent:	- 2	Julie I)usz	9: 56	
New Registered Office Address:	1510 J	BROKEN DE Enter Florida stree	ak -Dk		
	Winter	City den	, Florida	34787 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
M <u>br</u>	Julie Dusz	1510 Broken Oak Dr.	□ Add
		1510 Broken Oak Dr. Winter Gorden, 9 3478	87 □Remove
			☐ Change
			DbbA 🗆
			□Remove
			□Change
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			□ Rепюче
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			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: 1	te date, if other than the date of filing:
e 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 d.
Dated _	9/6/2023.
	Signature of a member or authorized representative of a member
	A Member of a member of a member

•

Filing Fee: \$25.00