

L080 00053165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

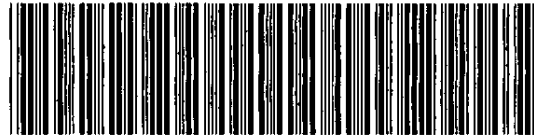
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900133966369

08/07/08--01026--010 **43.75

09/03/08--01001--004 **11.25

FILED
08 AUG 29 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 2 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMARTRITE LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAZAL MOHAMMED

(Name of Person)

SMARTRITE FINANCIAL LLC

(Firm/Company)

7827 N. Dale Mabry Hwy Suite 100

(Address)

Tampa FL, 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Demetri Boosalis

(Name of Person)

at (**813**) **340-3896**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 AUG 29 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 13, 2008

FAZAL MOHAMMED
10301 WILLOW LEAF TRAIL
TAMPA, FL 33625

SUBJECT: SMARTRITE, LLC.
Ref. Number: L08000053165

We have received your document for SMARTRITE, LLC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$11.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00045858

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 29, 2008 and assigned Florida document number L08000053165.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMARTRITE FINANCIAL LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7827 N. Dale Mabry Hwy Suite 100

(Principal office address *MUST BE A STREET ADDRESS*)

Tampa FL, 33614

Enter new mailing address, if applicable:

7827 N. Dale Mabry Hwy Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Tampa FL, 33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida 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 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:

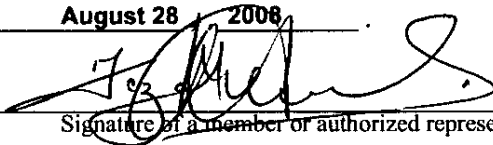
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

Dated August 28 2008



Signature of a member or authorized representative of a member

FAZAL MOHAMMED

Typed or printed name of signee