

L08000088006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

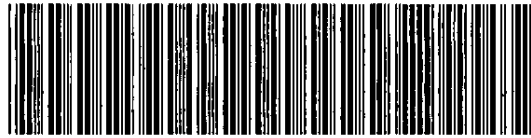
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 17 AM 1:37

AUG 17 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Diagnostics LLC
Name of Limited Liability Company
Change to Smart Estimates LLC

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

Please return all correspondence concerning this matter to the following:

Cindy Carrion
Name of Person

Smart Estimates LLC
Firm/Company

3020 NE 9TH
Address

Pompano Beach, FL 33064
City/State and Zip Code

titleprocindy@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Carrion at 954 309-7373
Name of Person 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

August 3, 2009

CINDY CARRION
3020 NE 9 TERRACE
PAMPANO BEACH, FL 33064

SUBJECT: SMART DIAGNOSTICS LLC
Ref. Number: L08000088006

We have received your document for SMART DIAGNOSTICS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 409A00026449

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Smart Diagnostics LLC

(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 9/16/08 and signed by _____

Florida document number L08000088006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 17 AM 1:37

This amendment is submitted to amend the following:

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

Smart Estimates LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3020 NE 9TH
Fort. Beach, FL
33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3020 NE 9TH
Fort. Beach, FL
33064

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:

Same

New Registered Office Address:

Same

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.

Same

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
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

8-10, 2009.



Signature of a member or authorized representative of a member

CINDY CARRION

Typed or printed name of signee