

Division of Corporations

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**L080000090736**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

To:

Division of Corporations  
Fax Number : (850) 617-6383

APR - 1 2009

**EXAMINER**

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****SMART PRO TECHS LLC**

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## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Tony Burroughs

DATE 2009-03-31 20:16:48 GMT

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## COVER MESSAGE

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From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]

Sent: Tuesday, March 31, 2009 3:08 PM

To: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMART PRO TECHS 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:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at ( 323 ) 962-8600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SMART PRO TECHS 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 09/24/2008 and assigned Florida document number L08000090736.

This amendment is submitted to amend the following:

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

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

**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)

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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>
MGRM	Roger Plevin	11235 Edgewater Circle Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

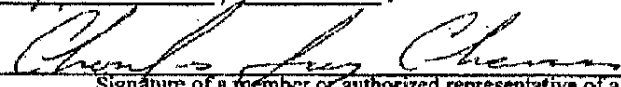
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article II: The street address of the principal office of the Limited Liability Company  
shall be amended to: 4569 SW LONG BAY DRIVE PALM CITY, FL 34990

The mailing address of the Limited Liability Company shall be:

4569 SW LONG BAY DRIVE PALM CITY, FL 34990

Dated March 24, 2009

  
Signature of a member or authorized representative of a member

CHARLES JAY CHESNOS, Member

Typed or printed name of signee

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Filing Fee: \$25.00

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