## 110000060396

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D. BRUCE SEP 21 2010 EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART CHO (Name of the Limited Liability C (A Florida Lii	ICE SHUTTERS LLC Company as it now appears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number 40000000394	/1/	4/10 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Per	
(Principal office address MUST BE A STREET ADDRE	ESS)	HAY J	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		20 PH II: 59 TARY OF STATE ASSEE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, <u>enter the name of the new</u>	
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 arrending the Managers of 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 Title <u>Name</u> **Address** Type of Action MGRM **EMILIA MONTES** 6900 N.W. 179 STREET, #210 ☐ Add HIALEAH, FL 33015 √ Remove ☐ Add Remove \_\_ Remove ☐ Add ☐ Remove □Add \_ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_SEPTEMBER 13 2010 . Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00