

LI 00000090972

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART PLAYERS . 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:

Rubens Tabarly
Name of Person

Firm/Company

1735 WA-KEE-NA Drive
Address

Miami- FL 33133
City/State and Zip Code

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

For further information concerning this matter, please call:

RUBENS O. TABARLY at (305) 987-3700
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

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TALLAHASSEE, FLORIDA

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

SMART PLAYERS 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 Mar 26, 2012 and assigned Florida document number L100000909.72

This amendment is submitted to amend the following:

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

SAME AS ABOVE

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)

SAME AS ABOVE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

RUBENS O. TABARLY

New Registered Office Address:

1735 WA KEE NA DRIVE

Enter Florida street address

Miami

City

Florida

33133

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>
MGR	Tabarly, Simonette	1735 Wa-kee-na Dr.	<input type="checkbox"/> Add
		Miami - FL 33133	<input checked="" type="checkbox"/> Remove
MGR	Tabarly, Rubens	1735 WA-Keena Dr.	<input checked="" type="checkbox"/> Add
		Miami - FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

I Simonette Tabarly MGR of Smart Players, LLC
Resigned my position as manager and give
Rubens Tabarly the Title of MGR of
Smart player, LLC

Dated 9/9/13 2013.

*

Signature of a member or authorized representative of a member

Simonette Tabarly

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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