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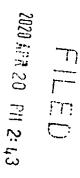
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COVER LETTER

Registration Section
Division of Corporations

TO:

CUB IP.CT.		AGERTYSMITH LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	i	MICHAEL P. HAGERTY	
		Name of Person	
		HAGERTYSMITH LLC	
		Firm/Company	
	98	38 IAKE LOUISE DRIVE	
		Address	
	W	INDERMERE,fl 34786	
		City/State and Zip Code	
		HAGERTY100@GMAIL.COM	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	ali:	
MICHAEL P. HAGERTY		720 201 3284 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF B
HAGER [*]	TYSMITH LLC ompany as it now appears on our records.) nited Liability Company) pany were filed on 9/12/2010 and assigned
*	ompany as it now appears on our records.)
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
	7
The Articles of Organization for this Limited Liability Com	pany were filed on 9/12/2010 and assigned
Florida document number 1. 10000097657	
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	N/A
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	N/A
.	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	Tice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	- -
	N/A
Name of New Registered Agent:	11//
M B 14 100 Allino	N/A
New Registered Office Address:	Enter Florida street address
	, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAKI TABUCHI	9838 LAKE LOUISE DRIVE	■ Add
		WINDERMERE, FL 34786	□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

		
		
		
		
(If an effective date is listed, the date mu	e date of filing: ust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requirement of State in page 4.	(optional) 90 days after filing.) Pursuant to 605.0207 (2 ements, this date will not be listed as the
Note: If the date inserted in this bidocument's effective date on the D	Department of State's records.	
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