## 1100000125413

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE ALLAHADSEE FLORIDA

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## **COVER LETTER**

TO: Registration Division of C				
Supper.	Smartiny	est Capital LLC		
SUBJECT:		ted Liability Company		
	of Amendment and fee(s) are subspondence concerning this matter	•		
		Steven Rosenthal		
Katz Barron Squitero Faust				
	2699 S. Bayshore Drive, 7th Floor			
		Address		
		Miami, FL 33133 City/State and Zip Code		
	5	smr@katzbarron.com		
For further information	E-mail address:	(to be used for future annual report notification)		
	en Rosenthal, Esg.	at ( 305 ) 856-2444  Area Code & Daytima Telephone Number		
Enclosed is a check fi	or the following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, 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

Smartinvest Capital 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 December 7, 2010 and assigned
Florida document numberL10000125413
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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

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>	Address	Type of Action
MGRM	Adres Octavio	Av. Mohedano Residencia Castellalta AP.7A. La Castellana Caracas, Venezuela	Add Remove 
MGRM	Christian Guilliod	Final Calle C5, Casa #5 U. Caurimare Caracas, Venezuela	Add Remove
MGRM	Valan Investment Inc.	8603 Cattle Call Katv, TX 77494	
MGRM	Agra Ventures Corp	9999 Brickell Avenue, #1006 Miami, FL 33131	Add ✓ Remove
			<del>  Add</del> <del>  Romove</del>
			Add Remove
D. If amend	ing any other information, enter char	ge(s) here: (Attach additional sheets, if necessary.)	
		2040	12 00 SECN TALLA
Dated	_ October 10	to	HASSE
	Steven	For authorized representative of a member	The state of the s
	Тур	ed or printed name of signee Page 2 of 2	TATE ORIDA

Filing Fee: \$25.00