#L110000034416

(Re	equestor's Name)	
, (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	 cument Number)	
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Certified Copies	_ Certificates	s of Status
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FILED
2014 HAY -8 PM 4: 03

K. SALY EXAMPLES

MAY 1 6 2014

COVER LETTER

Division of Corporations	
SUBJECT: SMYLE,LLC	
	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Theod	ore E Noutko
	Name of Person
SMYLI	
	Firm/Company
11785	SW Samiami Trail
	Address
lake S	usy, FL 34269
ten10@c	City/State and Zip Code enturylink.net
	ail address: (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Theodore E Noutko	at (941) 7647080 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	
■ \$25.00 Filing Fee □ \$30.00 Filing Certificate	
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

FILED
η_{AY}
2014 MAY -8 PM 4:03 IALLAHASSEE, FLORIST
MASSEE, FLORIDS

SMYLE,LLC

(Name of the Limited Liability Company as it now appears on our records.)

(At Florida L	Similed Diability Company)	- LLORI
The Articles of Organization for this Limited Liability Co Florida document number <u>L11000034416</u>	mpany were filed on March 21,2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ited 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r the name of the nev
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Address</u> Name 1 Jean C Noutko MGR ☐ Add 11785 SW Samiami Trail □ Add _____ Add ☐ Remove ____ 🔲 Add □ Remove □ Add ____ Remove __ 🗆 Add _____ □ Remove

n amending any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date e date this document is filed by the Florida Department	of receipt of fried date and cannot be more than 50 days are.
•	2014
Dated May 5,	2014 Nouthon
Signature of a me	ember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00