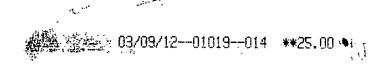
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| (1 | Requestor's Name) | |
|---|-------------------------|--|
| (, | Address) | |
| | Address) | |
| (1) | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (| Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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U140800

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: X Smart Install 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: Name of Person |
| Firm/Company * 60(1 SW 100 St.Rd. Address Ocola FL 3448 City/State and Zip Code SMartin 22572@gmail.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: **Scott Martin** Name of Person at (352, 426-3315) Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

x Smort Install LLC

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

(A Florida Limited Liability Company)

| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of | the new |
|--|---|------------|
| | | |
| - | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 98A | |
| Enter new mailing address, if applicable: | (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) | |
| | <u> </u> | , , |
| (Trincipul Office dudress MOST DE A STREET ADDRESS) | | * ''' y |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Fig. 27 | 3 |
| "L.L.C." | Pen - | ۵ |
| The new name must be distinguishable and end with the words "Limited | Liability Company," the designation "LLC" or the ab | bbreviatio |
| A. If amending name, enter the new name of the limited liability | company here: | • |
| - | _ | |
| This amendment is submitted to amend the following: | | |
| Florida document number x 1000 [4]. | | |
| Florida document number x 45155142. | re filed on X t 200 t and assi | gned |
| The Articles of Organization for this Limited Liability Company we | re filed on $\times 4-20-201$ and assi | gned |

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 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 **Title Name Address Type of Action** mbrm Manuel Mellado ☐ Add ☐ Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Scott Martin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00