L11000049811

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
(E	ocument Number)	<u> </u>
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B. BOSTICK
SEP 3 0 2011
EXAMINER



COVER LETTER

	Registration 3 Division of Co					
SUBJECT	Г:	SMA	ARTAX LLC			
		Name of Limi	ted Liability Company			
The enclose	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	urn all corresp	ondence concerning this matter	to the following:			
			Yves C. St.Surin			
			Name of Person			
			Smartax LLC			
			Firm/Company			
		;	5272 SW 152nd Ave			
			Address			
			Miramar FL 33027			
			City/State and Zip Code			
		ys	stsurin@smartax.com			
		E-mail address: (to be used for future annual repo	rt notification)		
For further	r information o	concerning this matter, please c	all:		살 원 ~	į.
	Υve	es C. St.Surin	at (_917)	482-7172	I SEP 29	35.00 15.00
-		of Person	Area Code & I	Daytime Telephone Number		1
					PH W 49	-
Enclosed i	s a check for t	he following amount:				
	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		e of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AX LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compan	y were filed on	04/27/2011	a	nd assi	gned
Florida document number L11000049811					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :			
SMARTAX SE					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	nny," the designation	n "LLC" o	or the at	obreviation
Enter new principal offices address, if applicable:	5272 SW 152	2nd Ave	 		
(Principal office address MUST BE A STREET ADDRESS)	Miramar FL 3	3027	<u> </u>		
			- C	<u> </u>	Transfera
			(O) ~	-0 -0	ATTE LAME
Enter new mailing address, if applicable:			LUI		~ 7 7 7
(Mailing address MAY BE A POST OFFICE BOX)					- Frankli
			100 E	*F.	
			\rightarrow		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>ente</u>	er the na	me of	the new
registered agent and/or bie new registered office address ne	<u>re</u> .				
Name of New Registered Agent:			<u> </u>		
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 al. 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 = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
	-	``	Add
			Remove
			Add
			Remove
			□Add
			Remove
			∏Add
			- Demous
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ury.)
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			II SEP
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			<u></u>
	ICH Santa I.	291100	PH 4: 50 EFTORIDA
Dated	16th Septembe, S	- 	DA DA
	Signature of a mem	ber or authorized representative of a member	
		ES ST. SURINI ed or printed name of signee	
	Тур	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00



September 20, 2011

YVES C. ST. SURIN SMARTEX LLC 5272 SW 152ND AVENUE MIRAMAR, FL 33027

SUBJECT: SMARTAX LLC Ref. Number: L11000049811

We have received your document for SMARTAX LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F08000000089

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

Letter Number: 411A00021789