## L11000058487

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



200208878222

06/17/11--01002--018 \*\*30.00

TI IIII 17 PMD: 16

N. Culligan JUN 2 0 2011

## **COVER LETTER**

Division of Con	rporations		,
SUBJECT:	Asset	Doctors, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Heather Derowitsch	
		Name of Person	
	<del></del>	Asset Doctors LUC Firm/Company	
		1 Itili/Company	
		11 Princewood Lane	·····
		Address	
	Palm 8	Beach Gardens, FL 33410 City/State and Zip Code	
•	E-mail address: (1	er derowitsch@gmail.com to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all;	
	ner Derowitsch		79-5266
Name O	i i cison	Area Code & Daytime T	elephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

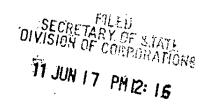
**Registration Section** 

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



ASS ( <u>Name of the Limited Liabili</u> (A Florida	Set Doctors, LLC ity Company as it now appears or a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number		18,8011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability company here:		
Smart I	Home Inventory, LLC		
The new name must be distinguishable and end with the w "L.L.C."		the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	········ <del></del>		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		records, enter the name of the new	
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRN	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
<del></del>			Add Remove				
<del></del>			Add Remove				
			Add Remove				
			Add Remove				
	-		Add Remove				
•			Add Remove				
D. If ai	mending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	LI NM 11 SECRETAR OF				
Dated	06/13. HO	20U	TORPORATIONS  PH P: 16				
	Signature of a r	Defounts Ch					
		Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00