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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Basaliiotti (attiaal)				
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EXAMINER				

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COVER LETTER

Division of C				ACV	
SUBJECT.	Global Sm	art Products, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
	Maria	a Teresa Ramirez de Pa	1ez	_	
		Name of Person			
	Glol	bal Smart Products, LL0	3		
		Firm/Company		-	
	175 S	S.W. 7th Street, Suite 16	304	_	
		Address			
Miami, FL 33130				_	
		City/State and Zip Code			
	Va E-mail address: (nessa@stepgym.com to be used for future annual report	notification)		
For further information	concerning this matter, please of	eall:			
V	anessa Perez	at (786)	220-7545		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
		□0.55.00 E''. B. 0	[] 2 (0 0 0 F)	u n	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	ate of Status &	

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

G	lobal Smart Products, LL	C		
(<u>Name of the Limite</u>	ed Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on	09/20/2011	and assigned	
Florida document number L110001	07433			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company he	ere:		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	he name of the new	
Name of New Registered Agent:	Maria Teresa Ramirez de Paez			
New Registered Office Address:				
	E	nter Florida street add	ress	
	City	, Florida	Zip Code	
	Cuy		Lip 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** Mgr Edward Hoch 175 S.W. 7th Street _____ ☐ Add Remove Suite 1604 _ Miami, FL 33130 Mary Teresa Ramirez Remove Remove ____Add _____Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 3 Signature of a member of authorized representative of a member Edward Hoch

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee