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APR 1 7 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of	Corporations	•	
SUBJECT:	Smooth	Operators, LLC	,
		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
		Lauren Adams	·
		Name of Person	
	S	mooth Operators, LLC	·
		Firm/Company	
		7057 Brunswick Circle Address	·
		Addiess	
•	Во	ynton Beach, FL 33472 City/State and Zip Code	
	laur	enadams@bellsouth.net	
•	E-mail address: (to be used for future annual report n	otification)
For further information	on concerning this matter, please	call:	•
	Lauren Adams	at (561)	245-0897
Nar	ne of Person	Area Code & Day	time Telephone Number
Enclosed is a check f	or the following amount:		•
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) Sed.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	AILING ADDRESS: gistration Section vision of Corporations	Registration Section of Cor	porations
). Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive	g Center Circle `

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR 16 PM 2: 31

Smooth Ope	erators. LLC	:	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000007064	were filed on	1/17/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
			•
Enter new mailing address, if applicable:	7057 Brunswi	ck Circle	
(Mailing address MAY BE A POST OFFICE BOX)	FFICE BOX) Boynton Beach, FL 33472		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	ter Florida street add	
	Eni	er 1 10riaa sireet addi	ress
	,	, Florida	7: 0.1
	·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 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
MGRM	William Adams	7762 Hoffy Circle Lake Worth, FL 33467	Add Remove
	,	· · · · · · · · · · · · · · · · · · ·	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	12 BIVIS
· —			SECRETARY OF STATE INVISION OF CORPORATION 12 APR 16 PH 2: 31
Dated		adam_	~
	Signature of a	member or authorized representative of a member Lauren Adams	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00