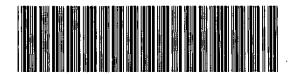
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAY 2 1 2012

EXAMINER

COVER LETTER

SUBJECT:	SMART ADVISO Name of Limited Liabil	RS LLC ity Company	
DOCUMENT NUMBER:	L1200	0053197	 ·
The enclosed Resignation of Regi for filing.	stered Agent for a Limi	ed Liability Compa	ny and fee are submitted
Please return all correspondence of	concerning this matter to	the following:	
ALEJANDRO Name of Per			
SMART ADVISON		_	
11978 DONLI	•	_	
WELLINGTON, F	ip Code	- .	SECRETARY IN
alejandroodiego@ E-mail address: (to be used for futu	omail.com ore annual report notification)	PH P: PF STA
For further information concerning	g this matter, please cal	!:	DRIDE ORIDE
ALEJANDRO DIEGO Name of Person) 317-20 dc & Daytime Teleph	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

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

STREET ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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SMART ADVISORS LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ L12000053197 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ALEJANDRO DIEGO Name of New Registered Agent: 11978 DONLIN DRIVE New Registered Office Address: Enter Florida street address 33414 WELLINGTON

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
MGR	ALEX F COZZI	11978 DONLIN DRIVE WEI LINGTON, EL 33414	Add ✓ Remove
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D. If amendi	ng any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	ry.)
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_		N	
Dated	MAY 10 ,	2012	 _
_	Signature of a mo	ember or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
_	-	ALEJANDRO DIEGO	···-

Page 2 of 2

Filing Fee: \$25.00