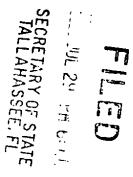
L12000124045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
7/29/22
Q. SILAS
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FLORIDA DEPARTMENT OF STATE Division of Corporations 15.11 All' 11.23.FL

July 6, 2022

HERMANE ETIENNE 195 NE 131 STREET NORTH MIAMI, FL 33161

SUBJECT: SMOOTH INVESTMENT, LLC

Ref. Number: L12000124045

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 122A00015125

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SMOOTH INVES	oment, LLC
Name of Lir	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	
HERMANS	Name of Person
7	Name of Person
SMOOTH	INVESTMENT L-LG
	131 STRee T
M. MIAMI	FL 33/6/ City/State and Zip Code FIENNE @ SMAILICIM
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
HERMANE ETIENNE Name of Person	at (305), 606-1687 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SMOOTH INVESTMENT, L	145 JUL 29 78 6:11
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our georgis. d Liability Company) SECRETARY OF STATE TALLAHASSEE. FL and assigned
The Articles of Organization for this Limited Liability Compar Florida document number <u>12000 124045</u> .	ny were filed on 1/33/3010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>/u/A</u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: U/L	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
Dogictored Age	nt.

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 605, 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.

HERMANE THUNG MUNICIAN II Changing Registered Agent, Signature of New/Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	HERMANE ETIENNE	Address 195 NE 131 STARET, NMIAMI, FR	- MAdd
			□Remove
			□Add
			□Remove
			🗆 Change
			□Add
			Remove
			Change
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J			□Add
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			□Change

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ective da	ite, if other than the date of filing: (optional)
n effective d	ate, if other than the date of filing:
cument's c	effective date on the Department of State's records.
seord spec	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	
d	NULY 25 2012
<u>. </u>	
	Signature of a member or authorized representative of a member j
_	Signature of a member or authorized representative of a member
	,
	HERMANE ETIPNNE Typed or printed name of signee