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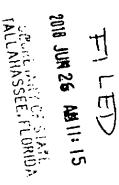
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COVER LETTER

DIV	ision of Corp	porations					
SUBJECT:	SMART IN	VESTMENTS LLC					
Name of Limited Liability Company							
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspoi	ndence concerning this matter	to the following:				
		Michelle G. Trea. Esquire					
			Name of Person				
		Michelle G. Trea, P.A.					
			Firm/Company				
		1133 S.E. 4th Avenue					
			Address				
		Ft. Lauderdale, Florida 333	316				
			City/State and Zip Code	<u></u> _			
		michelle@floridaclosings.n					
		E-mail address: (1	to be used for future annual report notifi	cation)			
For further in	formation co	ncerning this matter, please ca	all:				
Michelle G. Trea, Esquire			954 467.6711 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

Registration Section

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

SMART INVESTME	ENTS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 12/10/2012	and assign	ned	
Florida document number 112000153792				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "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 of	Tice address on our records, enter	the name of		ne w
registered agent and/or the new registered office address here	<u>e</u> :	FALLA	2016 JI	\forall
Name of New Registered Agent:		∑-	JE N	ــــــــــــــــــــــــــــــــــــــ
New Registered Office Address:		SSE	26	1
	Enter Floridu street address		M ===	d.
	, Florida	<u>्रि</u> इंट	=	- 🗸
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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.

If 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		
MBR	BERCIU, Petru	Mun. Bucuresti Sec. 1, Str. George	= Add		
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Typed or printed name of signee

Filing Fee: \$25.00