# L13000034392

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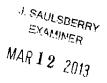
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### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT:

# SMART INVESTMENT TEAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANDA HO

Name of Person

SMART INVESTMENT TEAM LLC

Firm/Company

1531 HANKS AVE

Address

ORLANDO, FL 32814

City/State and Zip Code

YVONNEYANCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YVONNE YAN

Name of Person

, 407**、250-4858** 

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

■ \$25.00 Fiting Fee

□\$30.00 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)

#### 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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART INVESTMENT TEAM LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our rec	cords.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on MARCH 06,	2013 and assigned	
Florida document number L13000034392			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		and assigned  on "LLC" or the abbreviation  on the name of the new
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the desi	gnation "LLC" or the abbreviat	- ioı
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		2 2	
		20 💆	•
Enter new mailing address, if applicable:			- - -
(Mailing address MAY BE A POST OFFICE BOX)			•••
		32 %	-
		- <del> </del>	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.	office address on our records ere:	s, enter the name of the n	<u>eu</u>
Name of New Registered Agent:			-
New Registered Office Address:			_
	Enter Florida s	treet uddress	
		orida	_
	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 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 MANDA HO 1531 HANKS AVE **MGRM** ORLANDO, FL 32814 MANDA HO 1531 HANKS AVE MGR ORLANDO, FL 32814 Remove Remove Remove Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del>	
_	
ed	March 07 2013
	Mander Ar
	Signature of a member or authorized representative of a member
	MANDA HO
	Typed or printed name of signee

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Filing Fee: \$25.00