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**FILED**  
2018 APR 23 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SMART BRO LAUNDROMAT 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:

BRADLEY SMART

Name of Person

Firm/Company

602 SUNSET ISLE DRIVE

Address

WINTER GARDEN, FLORIDA 34787

City/State and Zip Code

pcsterrier@gmail.com

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

For further information concerning this matter, please call:

BRADLEY SMART

407

837-9527

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SMART BRO LAUNDROMAT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09-18-2013 and assigned  
Florida document number L13000102296.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SMART FAM FLORIDA LLC

The new name must be distinguishable and contain 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)**

447 BOTTICELLI DRIVE

NOKOMIS FL

34275

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

447 BOTTICELLI DRIVE

NOKOMIS FL

34275

**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:**

Name of New Registered Agent:

PETER SMART

New Registered Office Address:

447 BOTTICELLI DRIVE

*Enter Florida street address*

NOKOMIS

Florida

*City*

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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.*

*[Signature]*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	SMART, NEVILLE	1125 N CYPRESS POINT DRIVE	<input type="checkbox"/> Add
		VENICE FL 34293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SMART, BRADLEY	6025 SUNSET ISLE DRIVE	<input type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SMART, PETER	447 BOTTICELLI DRIVE	<input checked="" type="checkbox"/> Add
		NOKOMIS FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SMART, PATRICIA	447 BOTTICELLI DRIVE	<input checked="" type="checkbox"/> Add
		NOKOMIS FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*[This section contains horizontal lines for amendments, which have been crossed out with a large diagonal line.]*

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FILED

E. Effective date, if other than the date of filing: May 01 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated: April 14, 2018

*Brady Smart*  
Signature of a member or authorized representative of a member

BRADLEY SMART  
Typed or printed name of signee