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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA
TAPR 27 PH 2: 55

## COVER LETTER

TO:	Registration Sec Division of Corp		May At	dis,	
	ECT:	mart Van Name of Lin	lives IC		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
			Name of Person  Arviv  Name of Person  At Van I'wes  Firm/Company	116	
		2\$	75 SW 32 nd A	ve.	TALL TALL
			City/State and Zip Code		RETARY OF APR 27
		E-mail address: (	foes wart von liv	fication)	PH 2
For fur	ther information co	oncerning this matter, please c	all:		PH 2: 55
	Name of	Person	at (CSU) 290- Area Code Daytim	TOOZ  Telephone Number	
Enclos	ed is a check for th	e following amount:			
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &

### 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 ARTICLES OF ORGANIZATION

Smart Va	n lines 1)t		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 10/31/2013 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	- FSE		
(Principal office address MUST BE A STREET ADDRESS)			
	PR PARTY PORTY		
Enter new mailing address, if applicable:	P FS		
(Mailing address MAY BE A POST OFFICE BOX)	2. 07		
	<u> </u>		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floridu street address		
	, Florida		
	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 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 Type of Action **Title Address** <u>Name</u> SHMUELI MOSHE 2851 NE 183 M St 1201 WGBW □ Add Aventura. FL 33160 RAN ARVIV 2575 SW 32 nd AVe DAdd Dembroke Park FL33030 Remove \_ Change □ Remev ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

D. If amending any ot	ther information, enter change(s) here: (Attach additional sheets, if nec	essary.)
	· ·	
<del></del>		
-		THE SEC
		THE APR 27
<del></del>		
		PH 2: 55
		55 E
Note: If the date inse	ther than the date of filing: 4/20/2017 (option to date of filing or more than 90 days after the date must be specific and cannot be prior to date of filing or more than 90 days after the date on this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	r filing.) Pursuant to 605.0207 (3)(b)
If the record specifie (b) The 90th day a	es a delayed effective date, but not an effective time, at $12:01:6$	a.m. on the earlier of:
Dated Apri	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  Raw Arviv	
	Typed or printed name of signee	******

Page 3 of 3

Filing Fee: \$25.00