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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Smart -two.com 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:
Thomas C Suff. Name of Person
Smalt-two.con 11C Firm/Company
3751 S. Hopks are BG Address
Thusulle FL 32780 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Monica Symplette at (321) 759-8525 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMAIT-TWO.COM LLC				
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appear: Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number L 140001244	SMAIL - 1WO - On LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on Z/18/2014 and assigned document number L/140000/246			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the o	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			Pro 🛶	
(Principal office address MUST BE A STREET ADDRE	ESS)		11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	the new
			SSE SSE	
Enter new mailing address, if applicable:			TOT 72	
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
			22 F	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on ess here:	our records, enter t	he name of th	<u>1e new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
New Registered Office Address:				
	Enter Flora	ida street address		
		, Florida	Zip Code	
No. B. M. I.A. at Ci.	City		Zip Code	
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of t sent as provided for in C	my duties, and I am fa hapter 605, F.S. Or, i	miliar with and If this document	d

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 3751 S. Hopkissae DAdd AMBR Viktoria Smth T. husuille, FL 32780 Remove AMBR MONICA Synowell 984 Cycange Dr. DAdd Rackadie, Fl 32780 Bremove Ezra Smith AMBR 2691 Reservor LaAAB - Add Redding 1(A 96002 -1257 ■ Remove AMBR Elisa Smyth Z691 Resevoir IN Apt B DAdd Reddy, (A 96002-1257 13 Kemove

Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated (Optional) (Optional) (Application of State)	If amending a	other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 13th 7014		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 13th 7014		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 134588 1347 2014		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 13th 7014		
Mr C+ D	(The effective date	ist be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Cignosting of a mambal or outhorized correspondsting of a mambal	Dated OU	bea 13th . 2014.
Signature of a member of audiorized representative of a member		Signature of a member or authorized representative of a member
Thomas Con.h.Jr. Typed or printed name of signee		

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Filing Fee: \$25.00