

L14000056401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

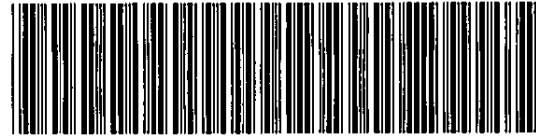
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bureh APR 22 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SmartSoft Direct, 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:

Eric Alpert

Name of Person

SmartSoft Direct, LLC.

Firm/Company

217 N. Westmonte Drive, Suite 1007

Address

Altamonte Springs, FL 32714

City/State and Zip Code

eric@2sos.com

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

For further information concerning this matter, please call:

Eric Alpert

Name of Person

at 407 7887882

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	William C. Harris	217 N. Westmonte Drive, Suite 1007	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
AMBR	RWR, LLC	217 N. Westmonte Drive, Suite 1007	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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 April 16, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alan Alpert

Typed or printed name of signee

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