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T. Burch APR 2.3.2014

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Smai	rtSoft Direct, L	LC.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Alpert		
		Name of Person	***************************************
	SmartSoft D	irect, LLC.	
		Firm/Company	
	217 N. Westn	nonte Drive, Suite	1007
		Address	
	Altamonte S	prings, FL 3271	4
		City/State and Zip Code	
	eric@2sos.com		~
		to be used for future annual report noti-	fication)
For further information of	concerning this matter, please co	all:	
Eric Alpert		at (407) 78878 Area Code Daytim	382
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SmartSoft Direct, LLC.		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	_
The Articles of Organization for this Limited Liability Florida document number L1400056401	Company were filed on April 4, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 14 15 15 15 15 15 15 15 15 15 15 15 15 15
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R 18 PH L: 71, IASSEE, FLORIDA
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P. Division	
	Enter Florida street address	
	, Flori	daZip Code
	Cuy	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William C. Harris	217 N. Westmonte Drive, Suite 1007	= Add
		Altamonte Springs, FL 32714	□ Remove
AMBR	RWR, LLC	217 N. Westmonte Drive, Suite 1007	= Add
		Altamonte Springs, FL 32714	□ Remove
			Add Remove Remove
			Add

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		_
ffective date, if other than the he effective date must be specific, can	date of filing: (optional) ot 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 F	orida Danarmant of State)	
	orida Department of State) 2014	
	prida Department of State) 2014	
	Signature of a member or authorized representative of a member	
Dated April 16	prida Department of State) 2014	1. T
Alan Alpert	Signature of a member or authorized representative of a member	14 APR

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Filing Fee: \$25.00