L14000072643

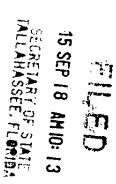
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT TITLE DATE 9118 15 DOC. EXAM

Office Use Only



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COVER LETTER

SUBJECT: SM	art Investiv	ient LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of At	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
·	Mila	Name of Person	Jaber
		Investmer	
		Firm/Company	
	7453	Terrace R	liver DR
	Temple	. Terrace	FL 33637
		City/State and Zip Code CAV+NINK. V o be used for future annual report	
For further information con	cerning this matter, please ca	ıl l :	
Miladen A	bu Jaber	at (860) — 79	58- 4283
Name of P	erson	Area Code Da	ytime Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section Division of Corporations

> 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



September 10, 2015

MILADEH ABU JABER 7453 TERRACE RIVER DR TEMPLE TERRACE, FL 33637 US

SUBJECT: SMART INVESTMENT LLC.

Ref. Number: L14000072643

We have received your document for SMART INVESTMENT LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 715A00019107

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Invi	estment LL	C	
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L1400007300</u>	Company were med on	5-5-14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company." the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		*	15 SEP 18 A
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-	istered office address on dress here:	our records, enter	Chains of the lev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	da 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** <u>Name</u> 7453 Terrace River DR Mazen Davud Temple Terrace FL 33/037 ☐ Remove ☐ Change □ Add ☐ Remove Change خاتيا 'Add∙ ☐ Change □ Add ☐ Change

☐ Remove

☐ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) nan 90 days after filing.) Pursuant to 60
e: If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	uirements, this date will not be lis
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	, at 12:01 a.m. on the earl
ed August 24th 2015	
Signature of a member of authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00