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(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:
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COVER LETTER

то:	Registration Se Division of Cor			
C1:D II	Smart Inves	stment LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
		Amendment and fee(s) are sub		
Please	return all correspo	ndence concerning this matter	to the following:	
		Mazen Daoud		
			Name of Person	
		Smart Investment LLC		
37846 Praire Rose Loop				
			Address	
		Zephyrhills, FL 33542		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Mazei	n Daoud		at (<u>813</u>) <u>690</u> Area Code Daytime	- 5843
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Smart Investment LLC		χ
	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000072643</u> . This amendment is submitted to amend the following:		and assigned C
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	37846 Praire Rose Loop Zephyrhills, FL 33542	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Miladeh Abu Jaber	7453 Terrace River Drive	□ Add
		Temple Terrace, FL 33637	■ Remove
			□ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
	 		
			Remove
			☐ Change
			□ Add
			☐ Remove

_____ Change

	
Tantin.	hate if other than the date of filings
n effect	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
<u>ote:</u> lf	te date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
	The state of the s
reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 9	th day after the record is filed.
S	tember 27th 2019
ited	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00