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(Document Number)
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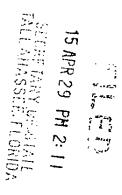




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COVER LETTER

Division of Corporations							
SUBJE	Smart Pro	operty Group, LLC					
Name of Limited Liability Company							
The end	losed Articles of A	mendment and fee(s) are subm	itted for filing.	,			
Please r	eturn all correspond	dence concerning this matter to	the following:				
		Chandra Hefflefinger					
Name of Person							
Smart Property Group, LLC							
			Firm/Company				
601 Whittingham Place							
City/State and Zip Code							
chandrah0801@gmail.com							
E-mail address: (to be used for future annual report notification)							
For furt	her information cor	ncerning this matter, please cal	1:				
Chandra Hefflefinger			407 459-0977				
Name of Person Area Code Daytime Telephone Numb			lephone Number				
Enclosed is a check for the following amount:							
□ \$25	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:

TO:

Registration Section

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

Smart Property Group, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000107588</u> .	were filed on 07/08/2014 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	601 Whittingham Place			
(Principal office address MUST BE A STREET ADDRESS)	ESS) Lake Mary, FL 32746			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· ·			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
Name of New Registered Agent:	CO D			
New Registered Office Address:	Enter Florida street address			
	, Florida			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title <u>Address</u> **Type of Action** <u>Name</u> Bindu Mistry MGR 256 Silk Bay Place _□ Add Longwood, FL 32750 ■ Remove Chandra Hefflefinger MGR 601 Whittingham Place ■ Add Lake Mary, FL 32746 ☐ Remove □ Add 돐 Remove ☐ Remove □ Add ☐ Remove □ Add □ Remove

If amending any other information	n, enter change(s) here: (Attach additional sheets, if neces	ssary.)
	·	
<u> </u>		
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	e prior to date of receipt or filed date and cannot be more than 90 days af	
Dated March 31	, 2015	
ChAda	total	
CHAN	mature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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