45000026732

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COVER LETTER

TO:	Registration Se Division of Cor			
CHRIE	Smartpro L			
SUDJE			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Richard J Green		
			Name of Person	
		Richard Green		. .
			Firm/Company	 _
		1121 Skiff Place		
			Address	
		Sanibel, Florida, 33957		
			City/State and Zip Code	
		66rg@mail.com		
			to be used for future annual report ne	stification)
For furt	her information co	oncerning this matter, please ca	all:	
Richard	l Green		239 889 1989	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.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

Smartpro LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 15000026732</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability. RICHARD GREET The new name must be distinguishable and contain the words "Limited Liability."		_
(Principal office address MUST BE A STREET ADDRESS)	1121 SKIFF PLACE. SANIBEL FLORIDA 33957	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AS ABOVE.	- -
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the	<u>nev</u>
Name of New Registered Agent:) 1)
New Registered Office Address:		·
	Enter Florida street address PH PP PR PP	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Coda: A >	1
I hereby accept the appointment as registered agent and agree	र to act in this capacity. I further agree to comply with	the

If Changing Registered Agent, Signature of New Registered Agent

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 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
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Filing Fee: \$25.00