1500031842

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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December 22, 2015

SEVERINE GIANESE-PITTMAN 100 N BISCAYNE BLVD SUITE 3070 MIAMI, FL 33132

SUBJECT: SMOULAR, LLC Ref. Number: L15000031842

We have received your document for SMOULAR, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 915A00026770

COVER LETTER

TO: Registration S Division of Co			
SMOULA SUBJECT:	AR LLC		
SOBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	_	
	SEVERINE GIANESE-PI	ITTMAN	
•	 	Name of Person	
	GIANESE-PITTMAN P.A	A	
		Firm/Company	
	100 N. BISCAYNE BOU	LEVARD SUITE 3070	
		Address	
	MIAMI FL 33132		
		City/State and Zip Code	
	SGIANESE@SGPITTMA	N.COM to be used for future annual report notif	(cotion)
For further information	concerning this matter, please c	•	iteation
SEVERINE GIANESE	•	305 722 5986 at ()	
Name	of Person	Area Code Daytimo	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: 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

SMOULAR LLC						
(<u>Name of the Lin</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited	Liability Company	were filed on 02/19/2015	and assigned			
Florida document number L15000031842						
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	vility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7360 SW 24 ST				
		MIAMI FL 33155				
Enter new mailing address, if applicable:		7360 SW 24ST				
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33155	·			
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of	ffice address on our records, <u>en</u>	ter the name of the			
Name of New Registered Agent:	GIANESE-PIT	TMAN P.A.	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
New Registered Office Address:	100 N. BISCA	YNE BOULEVARD SUITE 3070				
		Enter Florida street address	25			
	MIAMI	, Florida	33132			
		$\cup uy$	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

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective dat	te, if other than the	date of filing	!:			(optional)	<i>i</i> >	25	
If an effective d Note: If the o	ate is listed, the date mus date inserted in this blo frective date on the Do	t be specific and ock does not m	cannot be prior to neet the applica	ble statutory	filing requireme	nts, this date) Pursuan will not	it to 605.4 be liste	0207 d d as i
ne record s The 90th	pecifies a delayed day after the rec	l effective d ord is filed.	late, but not	: an effectiv	ve time, at 1	2:01 a.m.	on the	earlie	r of
JANU Dated	ARY 5		2016						
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				/V.	1 10	,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00