

LF50000B9682

(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:

2544

Office Use Only



800282751498

02/23/16--01025--022 **25.00

16 APR 25 AM 10:58
U.S. DEPT. OF JUSTICE

APR 26 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 25 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 5, 2016

OMARA FRANQUEZ
13727 SW 152 STREET #325
MIAMI, FL 33177

SUBJECT: SMART IDEAS CONSULTING, LLC
Ref. Number: L15000059682

We have received your document for SMART IDEAS CONSULTING, 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):

PAGE 2 OF 3 IS MISSING

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: 716A00006913

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART IDEAS CONSULTING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OMARA FRANQUEZ

Name of Person

Title MGR

Firm/Company

13727 SW 152ND ST, #325

Address

MIAMI, FL 33177-1106

City/State and Zip Code

CONSULTINGSLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMARA FRANQUEZ

786 970.0644

at (_____) _____

Name of Person

Area Code

Daytime 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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/06/2015 and assigned
Florida document number L15000059682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMART CONSULTING GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13727 SW 152 ST #325 , MIAMI, FL 33177-1106

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

n/a

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.

n/a

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>	<u>Address</u>	<u>Type of Action</u>
n/a	n/a	n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 APR 25 AM 10:58
16 APR 25 AM 10:58
16 APR 25 AM 10:58

16 APR 23 AM 0
16 APR 23 AM 0

16 APR 75 AM 10:58

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 28, 2016

_____, 20____
Signature of a member

Signature of a member or authorized representative of a member

Omara Pranguez
Typed or printed

Typed or printed name of signee