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US 10/8/20

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: _ SMA	ART LUXURY GRO	UP LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Serve C	Saulenko	
		Name of Person	
	SMARTLU	XURY GROUP, LLC Firm/Company	7,028
		Firm/Company	SET
	200 2nd Ave	< #455	- 8
	200 2nd Ave	Address	2020 SEP -8 PH 3: 15
		E1 22 701	
	St. Petersbu	City/State and Zin Code	
	Springson	City/State and Zip Code Cuto Com (to be used for fiture annual report noti	7
	- Ji-mail address:	(to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
\leq . \subset) 1 1	0.00	
Derge C	Saulenko	at (850) <u>Z94 - C</u> Area Code Daytim	71112
Name o	reison	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

.ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>SMART LUXURY</u>	GROUP
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{10 6 2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
EVERLANE REAL	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 PH 3 T5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		TALL ARD	Change
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tunion serieure date on the Depar	mem or star	ic s records.				
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	Alt I	\supset	ed representative of a	member		_