

L15000 200 779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

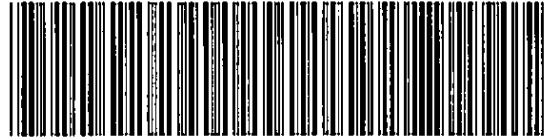
(Business Entity Name)

(Document Number)

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OCT 28 2019

2019 OCT -9 PM 2:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MICROSMART FORCE, 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:

CINDY OLIMPIADA

Name of Person

MICROSMART FORCE, LLC

Firm/Company

7009 INTERBAY BLVD APT 503

Address

TAMPA, FLORIDA 33616

City/State and Zip Code

MICROSMARTFORCE@GMAIL.COM

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

For further information concerning this matter, please call:

CINDY OLIMPIADA

813 3008143

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

MICROSMART FORCE, LLC

2015 OCT -9 PM 2:56

(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 12-01-2015 and assigned
Florida document number 81-1658040.

This amendment is submitted to amend the following:

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

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:

7009 INTERBAY BLVD APT 503

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA 33616

Enter new mailing address, if applicable:

CINDY OLIMPIADA

(Mailing address MAY BE A POST OFFICE BOX)

7009 INTERBAY BLVD APT 503

TAMPA, FLORIDA 33616

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:

CINDY OLIMPIADA

New Registered Office Address:

7009 INTERBAY BLVD APT 503

Enter Florida street address

TAMPA

Florida

33616

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.

C. Olimpicda
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>
AMBR	ESTHER BUENAFLORES	9211 ENGLISH OAKS LN	<input type="checkbox"/> Add
		RIVERVIEW, FLORIDA 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESTHER DE JESUS	3311 ESTERS RD APT 1054	<input checked="" type="checkbox"/> Add
		IRVING, TEXAS 75062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 30, 2019.

Ronald G. Brewer
Signature of a member or authorized representative

Ronaldo M. Buenaflores
Typed or printed name of signee