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COVER LETTER

TO:

Tallahassee, FL 32314

	stration Se ion of Cor						
	ARC PROF	ESSIONAL INVESTMENTS	LLC				
SUBJECT: _	F: Name of Limited Liability Company						
The enclosed A	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return a	ill correspo	ndence concerning this matter	to the following:				
		ADRIAN ROUCO					
			Name of Person				
		ESMARTLY LLC					
			Firm/Company				
		13812 SW 8TH ST STE 19	96	٠			
			Address				
		MIAMI, FL 33184		÷			
			City/State and Zip Code				
		ESMARTLYLLC@GMAII		. ===			
		E-mail address: (t	to be used for future annual report no	ntification)			
For further inf	ormation c	oncerning this matter, please ca	afl:	រ តិ			
ADRIAN RO	UCO		786 760-9269				
	Name o	f Person		me Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 Fil	ling 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)			
	ing Addres		Street Address:	· vation			
	istration S	Section orporations	Registration S Division of Co				
	Box 632		The Centre of	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARC PROFESSIONAL INVESTMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2016	and assigned
lorida document number L16000047909		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ESMARTLY LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	13812 SW 8TH ST STE 196	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33184	
nter new mailing address, if applicable:	13812 SW 8TH ST STE 196	·
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33184	
		7 7
8. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ime of the new regist
Name of New Registered Agent:		•
Name of New Negistered 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 Changing Registered Agent, Signature of New Registered Agent

						
						
						
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ective date, if other than the da	te of filing:			(optio	nal)	
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot b	e prior to date of	filing or more than story filing requir	90 days after f ements, this	iling.) Pur. date will	suant to 605.02 not be listed:
ument's effective date on the Depa						
				r e a s	775 00	
cord specifies a delayed effective d s filed.	ate, but not an effec	tive time, at 12	:01 a.m. on the e	ariier oi: (b)	i ne 901	in day after tr
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MARCH 20TH ed	. 2024	· ·	1	\supset		
			MI			

Filing Fee: \$25.00