(Re	equestor's Name)	
(Ac	ldress)	······································
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT.	Smart Prope	erty Investments, LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Matt Martin		
			Name of Person	
		Smart Property Investment	ts, LLC	
			Firm/Company	
		3203 Studebaker Road		
			Address	
		Long Beach, CA 90808		
			City/State and Zip Code	
		matthewmartin94@gmail.co	om to be used for future annual report i	actification)
For further in	nformation co	oncerning this matter, please ca	•	ionneation)
Matt Martin			562 676-8335	;
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Smart Property Investments, LLC				
(Name of the Limite	d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)		•
he Articles of Organization for this Limited Lia	ability Company were filed on $\frac{3/15/201}{1}$	6	and a	ssigned
lorida document number L16000052771				
his amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited liability company here:			
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designa	tion "LLC" or the	abbreviation '	L.L.C."
nter new principal offices address, if applica	able:			
Principal office address MUST BE A STREET	TADDRESS)			~
				····
nter new mailing address, if applicable:				
<u> Mailing address MAY BE A POST OFFICE B</u>	<u></u>		; ` ē	<u> </u>
				<u> </u>
. If amending the registered agent and/o		records, ente		
gistered agent and/or the new registered off	ice address here:		F	gregaris.
Name of Name Desirent Asset	REGISTERED AGENTS INC		3	17.4
Name of New Registered Agent:	TECHNICAL TO A TOTAL T		il de la companya de	
New Registered Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A		1		
	Enter Florida str	eet address		
	TAMPA	. Florida	33607	
		, FIOTICIA _		

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

OF LEMBARM TOOM ONE LECTION

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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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 Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605.020
the record specifies a delayed effective date, but not an effective tin) The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
Dated March 29, 2016. Math Muntin	
Mart Marie	
Signature of a member or authorized representative of	a member
Matt Martin Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00