## 116000106145

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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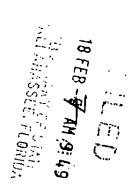


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FEB 0 7.2018 Y SULKER



January 24, 2018

ANATOLIY KLYUCHITS 4232 SAWGRASS BLVD NEW PORT RICHEY, FL 34653

SUBJECT: SMART ECO CLEAN LLC

Ref. Number: L16000106145

We have received your document for SMART ECO CLEAN 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 418A00001580

RECEIVED FEB 0 7 2018

## **COVER LETTER**

TO: Registration Division of C			
SMART	ECO CLEAN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Anatoliy Klyuchits		
		Name of Person	
	Smart Eco Clean LLC		
		Firm/Company	<del></del>
	4232 Sawgrass Blvd		
		Address	
	New Port Richey, FL 3465	53	
	info@smartecoeleaning.cor	City/State and Zip Code	
	-	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Anatoliy Klyuchits		727 481-8074	
Name	of Person	at () 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)
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 basser, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building	n ntions

Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Eco Cle	20-M	
(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000106145	Company were filed on January 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin  Smart Gutters LLC SMART FLORIT  The new name must be distinguishable and contain the words "Lin	a Gutters LLC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, <u>e</u> <u>dress here</u> :	nter the name of the ne
Name of New Registered Agent:		25. <b>5</b> C
New Registered Office Address:	Enter Florida street address	<u>.</u>
	, Florid	la
<del></del>	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u></u>	<u>Address</u>	<u> 18 pe di Action</u>
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Effective date, if other than the da	ite of filing	January 18,		<del></del> .	(option	au»	9	
If an effective date is listed, the date must be Note: If the date inserted in this block	c does not m	iect the applic	able statutory	or more than 90 Tiling require:	) days after fil nents, this d	mg.) Pursu ate will no	ant to 60 ot be lis	5.0207 ted as
document's effective date on the Depa	artment of S	tate's records.	•					
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Filing Fee: \$25.00