(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



700292294437

11/15/16--01006--012 **30.00

NOV 1 6 2016 S. YOUNG

NOV 1 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Smort Tech Innovators 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:
Jason Quintero Name of Person
Smart Tech Innovators LLC Firm/Company
9641 Riverside dr. Apt. #2 Address Address Address
City/State and Zip Code
Smarttech innovators @ gmail. Com =
For further information concerning this matter, please call:
Jason Quintero at (954) 278-0109 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\frac{1}{2}\$\$\$30.00 Filing Fee \$\frac{2}{2}\$\$\$Certificate of Status \$\frac{2}{2}\$\$\$Certificate of Status \$\frac{2}{2}\$\$\$Certificate of Status \$\frac{2}{2}\$\$\$Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart lan Inno	vators	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now app lability Compan	ears on our recor y)	<u>'ds.</u>)
·			1
The Articles of Organization for this Limited Liability Company	were filed on	July	and assigned
Florida document number <u>L16000126358</u> .		Ú	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	ne designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			3 5 5 5
(Principal office address MUST BE A STREET ADDRESS)			2 55.
			<u> </u>
			PA
Enter new mailing address, if applicable:			. 98
(Mailing address MAY BE A POST OFFICE BOX)			5 97
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our recor	ds, enter the name of the nev
registered agent and/or the new registered office address here	;•		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office / tadiess.	Enter	Florida street addr	ess
		, F	Torida
-	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for i	of my duties, on Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
If Chan	ging Registere	Agent Signatur	e of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr .	Jason Quintero	9641 Riverside dr. Apt. 2 Coral Springs, FL 35071	□ Add
			Remove
	_		Change
<u>MG</u> R	Joseph Santar	951 NW 48th Place Pompano Beach, FL 33064	□ Add
			□ Remove
			Change
			ALLAHASSEE, FLORIDA TO NEW ILLOW CHAPE Chape
			Change CD
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
	***************************************		🗆 Add
			_□ Remove
			Change

Jos	son C	<u> Zuintero</u>	has	80%	Ownersh	P
Jo:	seph	Santos	hos	20%	Ownershi	<i>D</i>
.						
						16 NOV
						<u>_</u> _
	<u>. </u>					PH #:
	-					
n effective date ote: If the dat	is listed, the d te inserted in	an the date of fili ate must be specific a this block does no the Department of	nd cannot be pr meet the app	licable statutory fi	(optional) r more than 90 days after filing. ling requirements, this date) Pursuant to 605.0207 will not be listed as
		elayed effective e record is filed		not an effectiv	e time, at 12:01 a.m.	on the earlier o
$_{ m ted}$ $N_{ m G}$	vembe	r 9	, 201	<u>6</u> .,		
	<u> </u>	Oson Signature of	Du a member or a	ithorized representa	tive of a member	
			\			

Page 3 of 3

Filing Fee: \$25.00