116000132171

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	LLC		
DOCUMENT NUM	1.16000122171			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	BENJAMIN NAUMETS			
		Name of Contact Perso	n	
	SMP CONSULT LLC			
		Firm/ Company		
	2121 S HIAWASSEE RD #	/ 4650		
		Address		
	ORLANDO, FL 32835			A . Ti
		City/ State and Zip Cod	e	· · · · · · · · · · · · · · · · · · ·
NCF	HEBOTAR@GMAIL.COM			
· -	-	sed for future annual report	notification)	1
				.
For further information	on concerning this matter, pleas	se call:		<u>မှ</u>
BENJAMIN NAUM		at (967-5380	_
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div	illing Address tendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301



July 31, 2018

BENJAMIN NAUMETS SMP CONSULT LLC 2121 S HIAWASSEE RD #4650 ORLANDO, FL 32835

SUBJECT: SMP CONSULT LLC Ref. Number: L16000132171

We have received your document for SMP CONSULT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

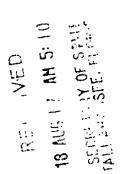
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 718A00015765

Diane Cushing Senior Section Administrator



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

ARTICLES OF A	
ARTICLES OF O	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 600 13 2 1 7 1 1 1 1 1 1 1 1 1</u>	were filed on7/13/16 and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Windermere, FL 34786
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6131 Little Lake Sawyer Dr Windermere FL 34786
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<u>Tille</u> Thorized Nember	VAP Holding LLC	3777 Bengert St	
	U	3777 Bengert St Orlando, Fl 32808	Remove
			Change
			□ Remove
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			□ Add
			□ Remove
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			Change
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			□ Remove
			🛘 Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 8/15 2018
	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Benjamia Naumets

Page 3 of 3

Filing Fee: \$25.00