16000132171

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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor				
	SMP CONS	SULTILC			
SUBJE	CT:	Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		BENJAMIN NAUMETS			
			Name of Person		
		SMP CONSULT LLC			
	Firm/Company				
	6131 LITTLE LAKE SAWYER DR				
			Address		
	WINDERMERE, FL 34786				
			City/State and Zip Code		
		NCHEBOTAR@GMAIL.COM E-mail address: (to be used for future annual report notification)			
For furt	her information c	oncerning this matter, please ca	all:		
BENJA	AMIN NAUMETS	5	407 967-5380		
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	ne 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)	

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMP CONSULT LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records,) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L16000132171		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	<u> </u>	∞ ₹.∞
		18 SEP
		97 CB
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name of the new
Name of New Registered 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BENJAMIN NAUMETS	6131 Little Lake Sawyer Dr. Windermere, FL 34786	
			Remove
		 	Change
			Remove
			Change
			Remove
			Change
			□ Add
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			Change
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's r	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 c applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, b The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier o
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Filing Fee: \$25.00