

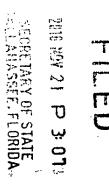
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**S Warren** NOV 22 2016

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
OUBTR		RING SMART, LLC				
SUBJE	LI;	Name of Limi	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	ndence concerning this matter	to the following:			
		Raymond G. Robison				
		<del></del> -	Name of Person			
		3473 SE Willoughby Blvd				
			Address			
		Stuart, Florida 34994				
		City/State and Zip Code				
		jonathan@submeteringsman	t.com to be used for future annual report notific	eation)		
For furtl	ner information co	oncerning this matter, please ca				
Raymoi	nd G. Robison		772 287-4444 Area Code Daytime			
	Name of	Person	Area Code Daytime	l'elephone Number		
Enclose	d 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:

TO:

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

SUBMETERING SMART, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	<del></del>		
The Articles of Organization for this Limited L Florida document number L16000152760	Liability Company	were filed on	016	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, <u>enter the new name (</u>	of the limited liab	ility company here;				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbi	reviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8129 SE Paurotis Lane				
		Hobe Sound, Florida 33455				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5929 SE Federal High Stuart, Florida 34997	nway PMB #17			
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	he name of the r		
Name of New Registered Agent:	Raymond G. Robison					
New Registered Office Address:	3473 SE Willo	ughby Blvd  Enter Florida str	RIDA Pert address	<u> </u>		
	Stuart	Chief I tollide 30	, Florida	94 · sibr		
		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.

M & Del.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VASSALOTTI, NICHOLAS	5669 SE CROOKED OAK AVE	□ Add
		Hobe Sound, Florida 33455	■ Remove
			Change
MGR	VELEZ, JONATHAN	5929 SE Federal Hwy PMB #17	■ Add
		Stuart, Florida 34997	□ Remove
			Change
		<u></u>	☐ Remove
			Change
			☐ Remove
			☐ Change
		CAN SSEE FLORIDA	Remove
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		fter the record	d is filed.							
Dated	Nov.	16	· · · · · · · · · · · · · · · · · · ·	2016				p. 74		
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		Sig	nature of a m	ember or authorize	ed representative o	f a member	7,5	رة الأ	-	
	RAYMOI	ND G. ROBISON	l, Authorize	d Representative	of Member			2010	<b></b>	
	· · · · · · · · · · · · · · · · · · ·			Typed or printed n	ame of signee	· · · · · · · · · · · · · · · · · · ·	)F ST	<del>ان</del> ښ	0	
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Filing Fee: \$25.00