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TALL SHASSEE, FL

FILED

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SMART LO SUBJECT:	OGISTIC GROUP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GERMAN CALLE		
		Name of Person	
	SMART LOGISTICS GRO	OUP LLC	
	 .	Firm Company	
	7569 NW 70th ST		
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	info@dmatrixusa.com		
	E-mail address: ()	to be used for future annual report not:	fication)
For further information e	oncerning this matter, please ca	ıll:	
GERMAN CALLE		786 360-7020	
Name o	t Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sec	ction
Division of C	lorporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART LOGISTICS GROUP LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Dility Company)
The Articles of Organization for this Limited Liability Company wo	ere filed on 09/27/2016 and assigned
Florida document number 1.16000180242	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
SMART BUSINESS GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\$ 2022
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	C-6 PM 4:55 AFASSEE FL
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, <u>enter the name of the new registere</u>
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

Zip Code

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
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
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			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	
limited liability compa	nies may be organized in this state. "
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	09/15/2022
Note: If the date inserted in t	the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
If the record specifies a delayed ef record is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12:01 a.m
	>======================================

Filing Fee: \$25.00

Typed or printed name of signee