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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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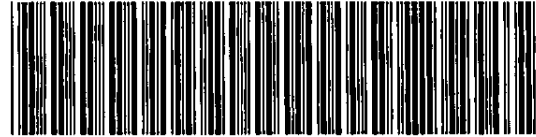
(Business Entity Name)

(Document Number)

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16 OCT 24 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Sister Investments 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:

Antesha Elaine Bell Williams
Name of Person

Smart Sister Investments LLC
Firm/Company

5010 Acre Estates Drive West
Address

Jacksonville, Florida 32210-9401
City/State and Zip Code

smartsisterinvestmentsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antesha Williams at (904) 258-5852
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Smart Sister Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/16 and assigned
Florida document number L16000187213

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Smart Sister Investments 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:

(Principal office address MUST BE A STREET ADDRESS)

5010 Acre Estates Drive West
Jacksonville, Florida 32210-9401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5010 Acre Estates Drive West
Jacksonville, Florida 32210-9401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Antesha Williams

New Registered Office Address:

Enter Florida street address

Florida

City

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16 OCT 24 AM 7:01
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TALLAHASSEE, 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.

Antesha E. B. Williams

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Antesha Williams	5010 Acre Estates Dr. W	<input checked="" type="checkbox"/> Add
		Jax, FL 32210-9401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Lilliana Williams	5010 Acre Estates Dr. W	<input type="checkbox"/> Add
		Jax, FL 32210-9401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Change the ^{e-mail} address you have on file.
I want the e-mail address to be
SmartSisterInvestmentsLLC@gmail.com.

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16 OCT 24 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/05/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

Antesha E. B. Williams

Signature of a member or authorized representative of a member

Antesha Elaine Bell Williams

Typed or printed name of signee