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COVER LETTER

	tegistration Sec Division of Corp				
SUBJECT		AY @T HOME LLC			
SUBJECT	·	Name of Limi	ited Liability Comp	any	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	am all correspo	ndence concerning this matter	to the following:		
		JHON RODRIGUEZ			
			Name of Per	sor	
		JIREH MULTISERVICES			
		2005 C MILITARY TRAIL	Firm/Compa	iny	
		3095 S MILITARY TRAIL	Address		
		LAKE WORTH FL 33463			
			City/State and Zi	p Code	
		jirchmulti@gmail.com E-mail address: 0	to be used for future	arnual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca			
JHON RC	DRIGUEZ		561 at (574 9110	
	Name of	f Person	Area Co	ode Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:			
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assec, FL 32314	R D C	TREET/COURIE egistration Section livision of Corpora lifton Building 66 Executive Cer	n ations
				allahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SMART WAY @T HOME LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	(as it now appears on our records.)	
() I to to be brined by	Company,	
The Articles of Organization for this Limited Liability Company w	/ere filed on 11/09/2017	and assigned
Florida document number L16000210691	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- TAS
Trincipal Office address MOST BE A STREET ADDRESS		8 - E
		- AH
		ASS ASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		0R
		ω Qm
B. If amending the registered agent and/or registered offi		he name of the new
registered agent and/or the new registered office address here:		
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:		
l hereby accept the appointment as registered agent and agree	to get in this capacity. I further gara	a to comply with the
provisions of all statutes relative to the proper and complete p	erformance of my duties, and I am fai	miliar with and
accept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.S. Or, if	this document is
being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ddress, I hereby confirm that the limit	ted liability
company has ocen notifica in writing of this change.		
160	in Paris and American City of the Control of the Co	
IT Chang	ing Registered Agent, <u>Signature of New Regi</u>	stered Agent

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		-	□ Remove
		-	Change
-			
			Remove
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ective date, if other than the date of filing: 03/16/2018 (optional	1
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	g.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date tument's effective date on the Department of State's records.	e will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	. on the earlier
The 90th day after the record is filed.	
MARCH 12 2018	
Alfulo Restruction Control of a member or authorized representative of a member	

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