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## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>.</b>	41
erib ti	FL Smart H	omes LLC	•	
SUBJI	rci:	Name of Lin	nited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Harry Docteur		
		FL Smart Homes LLC	Name of Person	
		10791 NW 53rd St, Suite	Firm/Company	
		Sunrise, FL, 33351	Address	
		hdocteur@flsmarthomes.co	City/State and Zip Code om	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	rther information c	oncerning this matter, please c	all:	
Harry	Docteur		305 942-7637	
	Name o	f Person	at () Area Code Daytime	2 Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

(Name of the Limited	Liability Compa Florida Limited	inv as it now appears on our reconability Company)	ords.)
The Articles of Organization for this Limited Liabi	Hity Company	were filed on 01/28/2019	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	10791 NW 53rd Street	7 19
Principal office address MUST BE A STREET :		Suite 102	
		Sunrise, FL 33351	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
			<u></u>
3. If amending the registered agent and/or egistered agent and/or the new registered office	• •		rds, enter the name of the
Name of New Registered Agent.			
New Registered Office Address:	10791 NW 53ro	d Street, Suite 102  Enter Florida street ada	
	Sunrise		
<u>-</u>	ountise	City	Florida 33351 Zip Code

#### icw Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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, 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	Harry Docteur	5014 NW 48th Lane, Tamarac FL 33319	<b>∃</b> Add
			Remove
			Change
AR	Alberto Chacon	17620 NW 73rd Ave. APT 207	
		Hialeah Fl. 33015	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
		·	Change

I Harry Docrew accept the obligations of the	<del></del>
THarry Doctor accept the obligations of the positions and I am familiar with it. HI)	
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	<del>-</del>
01/01/2019	
E. Effective date, if other than the date of filing:	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early.  The 90th day after the record is filed.	rlier of:
Dated	
Altrede Chacon	
Signature of a member or authorized representative of a member  Alhodo Chacos  Typed or printed name of signee	
Alherto Chacon	

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

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Filing Fee: \$25.00