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Special Instructions to	Filing Officer:	
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JAN 1 4 2020 C MCNAIR

COVER LETTER

TO: Registration Section Division of Corporations

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Smart Affiliated Services, LLC

SUBJECT: ____

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas C. McLaughlin, Jr.

Name of Person

Smart Affiliated Services, LLC

Firm/Company

229 N Tennessee Avenue

Address

Lakeland, FL 33801

City/State and Zip Code

Intille@gmail.com

E-mail address: (to be used for future annual report notification)

at (

For further information concerning this matter, please call:

Thomas C. McLaughlin, Jr.

Name of Person

863 940-4800 (_____) _____ Area Code _____Davrime Te

de Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Smart Affiliated Services, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	19 24
The Articles of Organization for this Limited Liability (Company were filed on 12/21/2016	and assigned 9
florida document number L16000230398	*	R.
This amendment is submitted to amend the following:		ودع و
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
Smart Title New Tampa Associates, LLC		
The new name oust be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC" or t	he abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD		
	<u>KESN)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
3. If amending the registered agent and/or registere	ed office address on our records, enter the i	name of the new regist.
gent and/or the new registered office address here:	<u>enter de caron de recorda</u> , <u>enter de l</u>	Tanie of the new regist
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · ·
	Enter Florida street address	
	, Florida	Zin 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.

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added ' <u>or removed from our records</u>:

MGR = Manager

AMBR =	Authorized	Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	🗆 Add
			🗆 Change
			🗆 Add
			□Change
			🗆 Add
		·	🗆 Remove
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		<u> </u>	🗆 Add
			🗆 Remove
		<u> </u>	□Change

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

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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.

December 3 Dated	2019	
	(Lib	
V	Signature of a member or authorized representative of a member	-
Thomas C. Mc	Laughlin, Jr.	