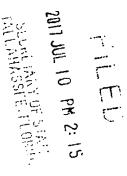
## L17000013861

| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
|   |   |
| <b>7.</b>                               |   |
| A E SUL                                 |   |
| Office Use Only                         |   |
| - RS- 128-                              |   |



300301065923

07/11/17--01005--805 ++90.00



K SALY

JUL 1 2 2017

## **COVER LETTER**

|            | Registration Sec<br>Division of Corp |  |   |   |
|------------|--------------------------------------|--|---|---|
| erib icz   | SMART ED                             | UCATION AND CONSULT                          | TNG LLC   |   |
| SUBJEC     | T:                                   | Name of Lim                                  | ited Liability Company  |   |
| The enclo  | osed Articles of A                   | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please re  | turn all correspon                   | idence concerning this matter                | to the following:   |   |
|            |                                      | MARIA C ALVAREZ                              |   |   |
|            |                                      |  | Name of Person  |   |
|            |                                      | SMART EDUCATION A                            | ND CONSULTING LLC   |   |
|            |                                      |  | Firm/Company  |   |
|            |                                      | 5851 WEST FLAGLER S                          | т   |   |
|            |                                      |  | Address   |   |
|            |                                      | MIAML FL 33144                               |   |   |
|            |                                      |  | City/State and Zip Code   |   |
|            |                                      | feliutax@yahoo.com                           | to be used for future annual report notif                           | · · · · · · · · · · · · · · · · · · ·   |
| For furthe | er information co                    | ncerning this matter, please co              | ·   | ication)  |
| MARIA      | C ALVAREZ                            |  | 786 486-1455  |   |
|            | Name of                              | Person                                       | at () Area Code Daytime   | Telephone Number  |
| Enclosed   | is a check for the                   | e following amount:                          |   |   |
| \$25.0     | 0 Filing Fee                         | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2017 JUL 10 PM 2: 15

SMART EDUCATION AND CONSULTING 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 JANUARY 18, 2017 Florida document number 1. 17000013861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SMART EDUCATION SERVICES LLC The new name must be distinguishable and contain the words "I imited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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

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 |      | · ALCD   |                |  |
|--------------------------|------|--|----------------|--|
| <u>Title</u>             | Name | 2017 JUL 10 PM 2: 15   | Type of Action |  |
|                          |      | Address SELTO PH 2: 15  SELECTION PH 2: 15  FALLAHASSEE, FLORIE. |                |  |
|                          |      |  | Remove         |  |
|                          |      |  | Change         |  |
|                          |      |  |                |  |
|                          |      |  | ☐ Remove       |  |
|                          |      |  | Change         |  |
|                          |      |  |                |  |
|                          |      |  | Remove         |  |
|                          |      |  | ☐ Change       |  |
|                          |      |  |                |  |
|                          |      |  | □ Remove       |  |
|                          |      |  | Change         |  |
|                          |      |  | Add            |  |
|                          |      |  | □ Remove       |  |
|                          |      |  | Change         |  |
|                          |      |  |                |  |
|                          |      |  | Remove         |  |
|                          |      |  | Change         |  |

|              | TLFI  |
|--------------|---|
|              | 2017  |
|              | 2017 JUL 10 PM 2:-15  |
|              | TALLAHASSEE, FLORID;  |
| -            | SEE FLORID  |
|              |   |
|              |   |
|              |   |
| -            |   |
|              |   |
|              |   |
| -            |   |
|              |   |
|              |   |
|              |   |
| <del></del>  |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
| fective d    | ite, if other than the date of filing: (optional)   |
| 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 605,020                                     |
| ocument's    | date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records. |
|              |   |
| record       | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of  |
| The 90t      | day after the record is filed.  |
|              |   |
| ated         | JULY 6 2017   |
|              | · Mi  |
|              |   |
| -            | Signature of a member or authorized representative of a member  |
|              |   |
|              | AARIA C. ALVAREZ  |

Page 3 of 3

Filing Fee: \$25.00