

L17000033763

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TALLAHASSEE, FLORIDA

2017 MAR 21 P 3 35

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D. BRUCE
MAR 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROA SMART CORNER 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:

ANIBAL ROA
Name of Person
ROA SMART CORNER LLC.
Firm/Company
175 SW 7th ST Suite 2201
Address
Miami FL 33130
City/State and Zip Code
Roasolano@outlook.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ANIBAL ROA at (305) 361-0584.
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**

DOA SMART CORNER 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 02/13/17 and assigned Florida document number L17000033.763.

This amendment is submitted to amend the following:

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

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)

791 CRANDON BLVD APT 1208
KEY BISCAYNE FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

791 CRANDON BLVD APT 1208
KEY BISCAYNE FL 33149

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

City, Florida

Zip Code

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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

MGR = Manager
AMBR = Authorized Member

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Change
Add
Remove

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(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)

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

Signature of a member or authorized representative of a member

Typed or printed name of signee