

L17000098676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

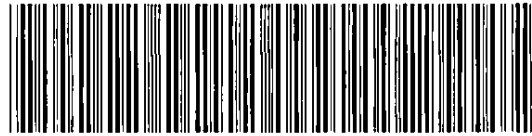
(Business Entity Name)

(Document Number)

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2017 JUN 20 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SMART SELECTIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANNA M MEDA  
Name of Person  
SMART SELECTIONS LLC  
Firm Company  
5242 ROBERT SCOTT DR N  
Address  
JACKSONVILLE, FL 32207  
City, State and Zip Code  
SMARTSELECTIONSLLC@aGMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNA M MEDA  
Name of Person  
904 866-1207  
at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
P	NERMEEN H HENNIN	3719 ROBERT SCOTT CT	<input type="checkbox"/> Add
		JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FALLAH ASSE. FLORIDA

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/15/2017 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 06/11 . 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee