117000098676

(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

Office Use Only



200300532742

08/20/17--01025--018 **30.00

SECRETARY OF SIDIL ALLAHASSEF, FLORIDA

K. SALY JUN 22 2017

COVER LETTER

	gistration Se vision of Cor			
		ELECTIONS ELC		
SUBJECT:		Name of Lim	ited I iability Company	
The enclose	d Articles of	Amendment and feets) are sub	mitted for filing.	
Please retari	n all correspo	ndence concerning this matter	to the following:	
		JOANNA M MEDA		
			Name of Person	
		SMART SELECTIONS E	LC	
			Licus Company	
		5242 ROBERT SCOTT D	R N	
			Address	
		JACKSONVILLE , FL 32	207	
			City State and Zip Code	
		SMARTSELECTIONSLLC		
		L-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	all;	
JOANNA V	4 MEDA		904 866-1207	
	Name o	l Person	at () Area Code Daytime	Telephone Number
Enclosed is:	a check for th	e following amount:		
□ - \$25,00 I	Tling Fee	■ \$30.00 Filling Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy) (senctosed)	☐ \$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 Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SMART SELECTIONS 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 we	ere filed on $\frac{05.03/20}{}$	and assigned
Florida document number 1.17000098676		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name most be distinguishable and contain the words "I imited I jability	Company," the designati	ion "LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our	records, enter the name of the new
Name of New Negistered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	ləner Elorida sire	et address
		Florida
	Cay	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete pe- accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ad- company has been notified in writing of this change.	rformance of my du vided for in Chapte	tties, and I am familiar with and r 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
l,	NERMEEN H HENNIN	3719 ROBERT SCOTT CT	
		JACKSONVILLE FL 32207	Remove
			Change
			□ Add
			TALLAH PSSE
			SSLE OF SIAPREMENT
			P Remort
			☐ Change
			D Remove
			☐ Change
			□ ;\dd
			□ Remove
			Change
			Remove
			Change

			 .				
		 .		 .			
					- 		
				<u>-</u>		·	
							
							191
							TON JUH 20 PM 3- O
							E INI
							55.50 3
	,					• •	
							<u>-</u>
					-,	 	
			<u>. </u>				
							
reffectiv <u>te:</u> Hit	date, if other than we date is listed, the date he date inserted in thi is effective date on th	must be specific s block does n	and cannot be of meet the a	oplicable statu	filing or more that tory filing requi	rements, this da	al) ng.) Pursuant to 605.0201 te will not be listed as
recore he 90	d specifies a dela ith day after the i	yed effectiv record is file	e date, bu ed.	t not an eff	ective time,	at 12:01 a.m	i. on the earlier o
ed	06/1		<u>7</u> .=	17.			
			1:				

Page 3 of 3

Filing Fee: \$25.00