1/1000/16409

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COVER LETTER

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

ODB IPZP.	SMART MUSI	E DESIGN LLC				
SUBJECT:		Name of Lim	ited Liability Company			
	cles of Amendment		-			
			LORENA LOPEZ			
			Name of Person			
		,	SMART MUSE DESIGN	LLC		
Firm'Company						
3609 SW 113th PL						
	Address					
			MIAMI FL 331	65		
			City/State and Zip Code			
		· ·	lorena@smartmusedesi	_		
For further inform	ation concerning th		o be used for future annual	report notificat	ion)	
Lo	orena Lopez			83-8483		
	Name of Person		at () Area Code	Daytime Te	lephone Number	
Enclosed is a chec	k for the following	amount:				
\$25.00 Filing	Fee \$30,00 Certi	Filing Fee & ficate of Status	☐ \$55,00 Filing Fee of Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRI Registration Section Division of Corpora	1	Registrat	F/COURIER tion Section of Corporatio		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

2017 JUL-5 PM 3: 11

Smart Muse Design 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	y were filed on 05/25/	/2017	and assigned
Florida document number L17000116409			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abl	previation "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 of	office address on ou	ir records, enter	the name of the new
registered agent and/or the new registered office address he			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	Heana O Hechavarria	3609 SW 113th PL Miami FL 3310	□ Add
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	<u> </u>				
					
 					
fective date, if of a effective date is lis	ther than the date of filited, the date must be specific a	ing:	date of filing or more than	(optional)	suant to 605 0207
<u>yte:</u> If the date ins	erted in this block does no date on the Department o	t meet the applicabl	e statutory filing requi	rements, this date will	not be listed as
cument s effective	thate on the Department o	i State 8 records.			
record specific	es a delayed effective	date, but not a	in effective time, a	at 12:01 a.m. on t	he earlier of
The 90th day a	fter the record is file	d.			
,	Jun / 30 /13 Lorena	7			
ted	(1)	i ()			
	Lorena.	Lopes			
	Signature of	a member of authoriz	ed representative of a me	mber	
	LOREA	UA LOPE	2		
		Typed or printed n			

Page 3 of 3

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