

L17000116409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

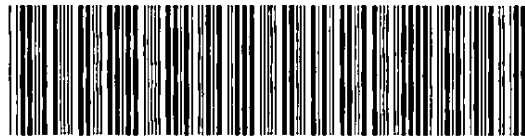
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1. In the case of a single person, the person's name, address, and telephone number.

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17 JUL 13 PM 1:30
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

17 JUL 13 PM 1:30
STATE
DEPT
SEE, FLORIDA

SECRET

S. WARREN

JUL 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART MUSE DESIGN 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:

LORENA LOPEZ

Name of Person

SMART MUSE DESIGN LLC

Firm/Company

3609 SW 113th PL

Address

MIAMI FL 33165

City/State and Zip Code

lorena@smartmusedesign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA LOPEZ

305 2838483

at (_____) _____

Name of Person

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

SMART MUSE DESIGN LLC

17 JUL 13 PM 1:30
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>	<u>Type of Action</u>
MGR	LORENA LOPEZ	3609 SW 113th PL Miami FL 3316	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ileana O. Hechavarria	3609 SW 113th PL Miami FL 3316	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
JUL 13 2011
11:11 AM
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

[illegible]

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.

Dated Jul 11, 2017

Lorena Lopez
Signature of a member or authorized representative of a member

LORENA LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00

17 JUL 13 PM 1:31