L17000156488

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	SMILING I	INDY LLC		
5005		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		NICOLAS LUCIANO PA	LAZZO	
			Name of Person	
		SMILING INDY LLC		
		-	Firm/Company	
		701 BRICKELL KEY BL	VD, APT 1805	
		~	Address	
		MIAMI, FL, 33131		
			City/State and Zip Code	
		NICOLAS.PALAZZO@GN		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please co	all:	
NICO	LAS LUCIANO P.	ALAZZO	at () 327-7088 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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**

FILED

SECRETARY OF STATE

APR 23 PM 12: 43

SMILING INDY 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 Florida document number L17000156488	Liability Company	were filed on MARCH 12, 2	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	e words "Limited Liabi	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:		
Principal office address MUST BE A STRE	EET ADDRESS)		
			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		701 BRICKELL KEY BLV	D
		APT 1805	
	<u>-</u>	MIAMI, FL 33131	
B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent:	office address her		rds, enter the name of the ney
New Registered Office Address: 701 BRICKE		L KEY BLVD APT 1805	
Then registered villee Address.		Enter Florida street add	tress
	MIAMI		Florida 33131
		City	Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member	FILE)
<u>Title</u>	<u>Name</u>	FILEE 18 APR 23 PA Address SECRETARY OF S (41) AHASSEE, FI	12:43 Type of Action
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ffective date, if other than the date of fill an effective date is listed, the date must be specific	and cannot be prior to date of fi	(ling or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does no locument's effective date on the Department of	ot meet the applicable statute	ory filing requirements, this date will not be listed as
ocument serieure date on the Department c	n state's records.	
e record specifies a delayed effective	e date but not an offe	ective time, at 12:01 a.m. on the earlier of
The 90th day after the record is file	ed.	ective time, at 12.01 dam. On the earlier of
, APRIL 16TH	2018	
Pated	_ ··	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00