09-03-'19 14:46 FROM-



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000264053 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | | | | | | |
|------------|---|---|-------------|---------------------|-----------------|---------------|-------------------|-----|
| | Division of C | | | | | | | |
| | Fax Number | : (850)617- | -6383 | | | | | |
| From; | | | | | | | | |
| | Account Name | | | | | | | |
| | Account Number Phone | | | | | | | |
| | Fax Number | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| **Enter | the email addre | ss for this H | nusiness en | titv to be | used - | for futu | re | |
| | the email addre uual report mail | | | | | | re 😼 | |
| anı | ual report mail | | | | | | . SE | _ |
| anı | | | | | | | 19 SEP - | - |
| anı | ual report mail | | | | | | . SE | - [|
| anı Emi | nual report mail | ings. Enter | only one en | aail addres | ss plea | ise, ** | SEb - 3 | - |
| anı Emi | nual report mail ail Address: LC AMND/RE | ings. Enter | only one en | nail addres | ss plea GRES | ise, ** | SEP - 3 PH | - |
| anı Emi | nual report mail ail Address: LC AMND/RE | ings. Enter | only one en | nail addres | ss plea GRES | se. ** IGN | SEP - 3 PH 12: | |
| anı Emi | nual report mail ail Address: LC AMND/RE | ings. Enter STATE/CO PEOPLE I | only one en | nail addres | ss plea GRES | ise, ** | SEP - 3 PH | - |
| anı Emi | nual report mail ail Address: LC AMND/RE SMART | ings. Enter STATE/CO PEOPLE I f Status | only one en | nail addres | ss plea GRES | se. ** IGN |) SEP -3 PH 12: 5 | - |
| anı Emi | ail Address: LC AMND/RE SMART | ings. Enter STATE/CO PEOPLE I f Status | only one en | DR M/M(ENTS, L) | ss plea GRES | se. ** IGN |) SEP -3 PH 12: 5 | - |

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS

60 H

У. О-

2014 SEP - 3

: •

. . .

SEP 0 4 2019

T-143 P0002/0005 F-439

(((H19000264053 3)))

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

09-03-'19 14:46 FROM-

SMART PEOPLE INVESTMENTS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amondment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIÈLLA SANTANA

Name of Person

SALVER & COOK LLP

Firm/Company

2721 EXECUTIVE PARK DR STE 4

Address

WESTON, FL 33331

City/State and Zip Code

D.SANTANA@PSCCPAS.COM

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

For further information concerning this matter, please call:

DANIELLA SANTANA 954 389-1333 at (______) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fce & Certified Copy (additional copy is enclosed) \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circlo Tallahassee, FL 32301 09-03-'19 14:46 FROM-

T-143 P0003/0005 F-439

(((H19000264053 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SMART PEOPLE INVESTMENTS, LLC (Name of the Limited Liability Company) (A Florida Limited L | y as it now appears on our records.) ability Company) | |
|--|--|------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L17000181020 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | | SEP |
| The now name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ity Company," the designation "LLC" o | by the abbreviation "LLC." I |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| Name of New Registered Agent: | |
|--------------------------------|------------------------------|
| New Registered Office Address: | Enter Florida street address |
| | , Florida Cily Zip Code |

New Registered Acent's Signature, if changing Registered Agent:

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

Page 1 of 3

(((H19000264053 3)))

09-03-'19 14:46 FROM-

а, "

T-143 P0004/0005 F-439

(((H19000264053 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> VIDES, CARLOS | <u>Address</u> 2777 NW 79 AVE | Type of Action |
|--------------|------------------------------|----------------------------------|-----------------------------|
| AMBR | | | 🖸 Add |
| | | DORAL, FL 33122 | Remove |
| | | | Change |
| <u>.</u> . | <u></u> | | |
| | | | |
| | | | |
| | | | |
| | | | 7.7 €71 5- © □ Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
| | | | Change |
| | | | 🗅 Add |
| | | | П Ксточе |
| | | | Li Change |
| | | | 🗅 Add |
| | | | C Remove |
| | | | Change |

(((H19000264053 3)))

T-143 P0005/0005 F-439

• • ,

ł

| | | | | <u> </u> |
|----------------------|---|---------------------------------------|------------|----------|
| | | | | R |
| | | | | |
| | | | | ~ |
| | | | ···· | |
| | | | | |
| | | | | |
| | | | | <u>-</u> |
| | | | | -77 |
| <u> </u> | • | | | |
| | | | | |
| | | | | |
| | | | 58 | |
| | | · · · · · · · · · · · · · · · · · · · | | _ |
| · | | | | مور |
| | <u>,</u> | | v | <u> </u> |
| <u></u> | ······ | | | |
| | | ,,,,,,,,,_ | · | |
| | | | | |
| Yective date, if oth | er than the date of filing: | | (optional) | 405 0207 |

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

.

| AUGUST 28 | 2019 |
|-----------------------|--|
| | - Million |
| Signature | If a member or adjubrized representative of a member |
| MANUEL RAPAEL LEDEZMA | Allen Asnuel Bleekinsk |
| | Typed or printed prove of signice |
| | // · · · |

Page 3 of 3

Filing Fee: \$25.00