L17000184932

(Requestor's Name)	
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(City/State/Zip/Phone #)	<u> </u>
(Business Entity Name)	
(Document Number)	<u> </u>
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TALLAHASSEE FLORIN

K. SALY SEP 13 2017





FLORIDA DEPARTMENT OF STATE

September 5, 2017

SUNSTATE RESEARCH

SUBJECT: SMART TRADER, LLC Ref. Number: L17000184932

We have received your document for SMART TRADER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 317A00018210

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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				FILED 2017 SEP-1 AM 9:03
	:			2017 DE L
	ST	ATEMENT OF CO FOR	PRRECTION	SEP-1 AK O
	FLORIDA OR F	OREIGN LIMITE	LIABILITY COMPANY	rall Che i all OF C
	nt to section 605.0209, F.S., this docum			ent. (5.517) , $r_1^{-1} g_{44}$
<u>FIRST</u>	: The name of the limited liability com	pany is: Smart Ir	ader, LLC	
		. <u> </u>		
<u>SECO</u>	ND: The Florida Document numb	er of the limited liability	company is: L17000184	932
<u>THIRI</u>	D: Document to be corrected is	Articles of Or	ganization	
	(CHECK THE APPROPRIA	E BOX AND COMPL	<u>ETE THE APPLICABLE STAT</u>	EMENT
A	Contains an incorrect statement. The statement are as follows:	incorrect statement, the	reason the statement is incorrect, a	nd the corrected
	Jared Martinez was inadverten	tly identified as a M	anager of the Company, whi	ch he is not.
	Mr. Martinez should be ident	fied only as an Aut	horized Member of the Cor	mpany.
				·
	QR	· · · · · · · · · · · · · · · · · · ·		
Was defectively signed. The manner in which the document was defectively signed and the appropriate cor				opriate correction are
	as follows:	1		
		<u> </u>		
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	<u>OR</u>			
	The electronic transmission of the reco	ard was defective.	1 1	
	Signature of Authorized Re		4/4/17	
61	Ū.			
acceptin	e of new registered agent, if applicable g the designation).	PLNOTE: IL CORRECUNG	ine registered agent, the new regist	ered agent must sign
<u>New Re</u> Lhereby	gistered Agent's Signature, if changing accept the appointment as registered a	Registered Agent:	this comparing I further array to an	
provisio obligatio	ns of all statutes relative to the proper- ons of my position as registered agent a	and complete performants is provided for in Chapt	ice of my duties, and I am familiar r er 605 , F.S. Or, if this document is	with and accept the
reflect a of this c	change in the registered office address	I hereby confirm that	he limited liability company has be	en notified in writing
	·	Registered Agent's Signature		
		Filing Fee:	\$25.00	
	Cert	ffed Copy:	\$30.00 (optional)	
CR2E062 (9/15)	1		

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