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UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Hennings		
		Name of Person	
	Smart Craft Technologies,	LLC	
		Firm/Company	
	3500 SW Corporate Pkwy.	, Ste 201	
		Address	•
	Palm City, FL 34990		
	mhennings (@hotmail.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information o	concerning this matter, please co	all:	
Michael Hennings		772 486-7427	
Name (of Person	at ()at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Craft Technologies, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L17000218413	were filed on October 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	W 17	
		بيدمسر أ
Enter new mailing address, if applicable:		- 4
Mailing address MAY BE A POST OFFICE BOX)	$-\Lambda H \Lambda$	<u> </u>
		<u></u>
3. If amending the registered agent and/or registered off	lice address on our records enter the	name of the new
egistered agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	49
Name of New Registered Agent:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	
		Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
nereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete pecept the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office a mpany has been notified in writing of this change.	performance of my duties, and I am fami rovided for in Chapter 605, F.S. Or, if the	liar with and his document is
If Chang	ging Registered agent. Signature of New Register	red Agent

Page 1 of 3

IGR = M MBR = A	lanager Authorized Member		
<u>itle</u>	Name	Address	Type of Action
1GR	Keving J. HotIman	3500 SW Corporate Pkwy, Ste 201	
MPD	CHANGE	TO Palm City, FL 34990	Remove
			Change
GR	Kevin J. Hoffman	3500 SW Corporate Pkwy, Ste 201	
		Palm City, FL 34990	□ Remove
			Change
			□ Add
			Remove
			Change
			Co Remove
			Change
			□ Add
			[] Remove
			Change
			Remove
			□ Change

There was a typographical error in the original filing.	Keving J. Hoffman shou	ld be changed to Kevir	J. Hoffman.
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ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannot be p	orior to date of filing or more	than 90 days after filing.)	
ie: If the date inserted in this block does not meet the ap ument's effective date on the Department of State's reco		equirements, this date	will not be listed
union selective date on the Department of State s rece	nus.		
			
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective tim	ie, at 12:01 a.m. o	on the earlie
he soul day after the record is med.			
. October 27 2017			
ed	•		
/// V///\			
Simonal	authorized representative of	a mambar	
Signature of a member of a	authorized representative or	a memoer	

Page 3 of 3

Filing Fee: \$25.00