

L17000 220 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

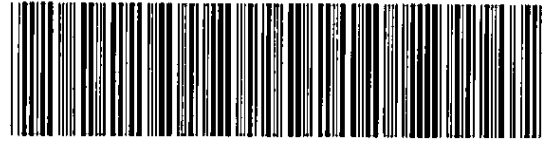
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300331380063

FILED  
19 JUL -3 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07/03/19-- 01012380063

JUL 17 2019

RECORDED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMART CHOICE WORLD 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:

FABIANA DE BARROS

\_\_\_\_\_  
Name of Person

LEGIT CONSULTING SERVICES LLC

\_\_\_\_\_  
Firm/Company

6200 METROWEST BLVD 201-D

\_\_\_\_\_  
Address

ORLANDO-FL 32835

\_\_\_\_\_  
City/State and Zip Code

INFO@LEGITCS.COM

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

For further information concerning this matter, please call:

FABIANA DE BARROS

407

2852290

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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**

SMART CHOICE WORLD 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 Liability Company were filed on 10/24/2017 and assigned  
Florida document number 117000220284.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2127 NEWT ST, ORLANDO, FL 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2127 NEWT ST, ORLANDO, FL 32837

**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:

LEGIT CONSULTING SERVICES LLC

New Registered Office Address:

6200 METROWEST BLVD 201-D

*Enter Florida street address*

ORLANDO

*City*

Florida 32835

*Zip Code*

**New Registered Agent'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

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>                      |
|--------------|---------------------|------------------------------------|--|
| AMBR         | MURADA, CHRISTYANNE | 2127 NEWT ST, ORLANDO, FL<br>32837 | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input checked="" type="checkbox"/> Change |
| AMBR         | MURADA, RAFAEL      | 2127 NEWT ST, ORLANDO, FL<br>32837 | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input checked="" type="checkbox"/> Change |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |

FILED  
 9 JUN -3  
 11:08 AM  
 CLERK OF DISTRICT COURT  
 14TH DISTRICT  
 MIAMI, FLORIDA

19 JUL -3 AM 8:02  
STATIONED IN STATE  
PALM BEACHES, FLORIDA

FILED  
19 JUL -3 AM 8:03  
SEALING UNIT  
TALLAHASSEE FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JUNE 24 2019

Signature of a member or authorized representative of a member

CHRISTYANNE MURADA

Typed or printed name of signee