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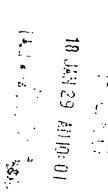
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 15mart T	ech Repairs Name of Limited L	LLC iability Company	
The enclosed Articles of Amendmen	t and fee(s) are submitte	d for filing.	
Please return all correspondence con	cerning this matter to the	: following:	
	Jylan M	Salom Name of Person	
	smart Tecl	n Repairs Firm/Company	
?	0 Box 171	Address	
51	Augustine	FL 32085 y/State and Zip Code	<u> </u>
509	POCT CO I So E-mail address: (to be	with tech repairs	COM fication)
For further information concerning t	his matter, please call:		
Dylan y Sa Name of Person	lom	at (<u>904</u>) <u>lole 9</u> Area Code Daytim	- 380 2 e Telephone Number
Enclosed is a check for the following	g amount:		
	0 Filing Fee & □ tificate 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

ismart Tech Repair	irs, LVC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on November 2, 207 and assigned.
Florida document number L17000227361	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or segistered or registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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>	Address	Type of Action
MGR_	Dylan M Salom	115 Palmer Street	© Add
owner		Saint Augustine FL3	2084 □ Remove
			Change
			□ <u>A</u> dd ```
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
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fan effective date is Note: If the date	f other than the date s listed, the date must be sp inserted in this block de tive date on the Departn	ecific and can ses not meet	not be prior to the applicable	date of filing or			.) Pursuant to 605	
	cifies a delayed effe y after the record is		e, but not a	an effective	time, at 12	2:01 a.m.	on the earlie	er of
Dated <u>JAn</u>		n . 5	2018		ve of a member			
	Signal			lo M name of signee				

Page 3 of 3

Filing Fee: \$25.00