114000247123

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COVER LETTER

TO:	Registration Se Division of Cor					
enn ir		ORIO DO PE SELAIMEN LL	С			
SUBJEC	ul:	Name of Limi	ted Liability Company			
The encl	losed Articles of	Amendment and fec(s) are sub-	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		LEANDRO M. D. NOGUI	EIRA			
			Name of Person	<u> </u>		
		BT7 PARTNERS TAX CO	MPLIANCE SERVICES LI	.C		
			Firm/Company			
	7680 UNIVERSAL BLVD, SUITE 380					
			Address			
		ORLANDO, FL 32819				
			 			
		LNOGUEIRA@BT7PART				
			to be used for future annual repo	ort notification)		
For furt	her information c	oncerning this matter, please ca	all:			
LEANI	DRO M. D. NOG	UEIRA	240 704-25 at ()			
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclose	ed is a check for the	he following amount:				
≅ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration		<u>Street Addr</u> Registratio			
	Division of C	Corporations	Division o	f Corporations		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABORATORIO DO PESELAIMEN LLC	and the second of the second	<u> </u>
(Name of the Limited Linbility Compa (A Florida Limited)	Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000247123	were filed on 12/01/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SMARTFOOTLAB LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	····	20 HATE
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addres	ss .
		orida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			ClChange
			□Add
			□ Remove
			□ Change
			□Add
			. Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:	1207 (3)(b d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	the
Dated 12/14/2022	
Dated 12/14/2022, Signature of a member or authorized representative of a member	
JEHTERSON SELAIMEN MACHADO	
Typed or printed name of signee	

Filing Fee: \$25.00