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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Sec Division of Corp			
		/ SMART TE	CH APPLIANCE AND SERVICE	
SUBJE	.ст:	Name of Li	mited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are su	abmitted for filing.	
Please	return all correspon	ndence concerning this matte	er to the following:	
		ANGEL JR D	OMINGUEZ	
			Name of Person	
		SMART TECH	I APPLIANCE AND SERVICE	
			Firm/Company	
		114	460 NW 35TH ST	
Address				
		SUNR	USE, FL 33323	
		-	City/State and Zip Code	7
		SmartTecht E-mail address	PPliance and Service to be used for future annual report notification	
For fur	ther information co	oncerning this matter, please	call:	
ANGE	L JR DOMINGUE	ZZ	at (954) 394-	7190
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclose	ed is a check for the	e following amount:		
\$2:	5.00 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 TECH APPLIANCE	E AND SERVICE		
(Name of the Limited Liability (A Florida	Company as it now appears (Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL18000071852	ompany were filed on03a	/20/2018	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
			VISE VISE
Enter new mailing address, if applicable:			ON OF C
(Mailing address MAY BE A POST OFFICE BOX)			→ Rec
muning numers MATT BE ATT OUT OF THEE BOXY			77
			Ø 5
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	
part Managard part product	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	ANGEL JR DOMINGUEZ	11460 NW 35TH ST	⊟ Add
		SUNRISE, FL 33323	□ Remove
			☐ Change
MGR	REBEKAH A DOMINGUEZ	11460 NW 35TH ST	Add
		11460 NW 35TH ST	■ Remove
			☐ Change
			Add
			□ Remove
			Change
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	rd specifies a delayed of Oth day after the recor		ate, but no	t an effecti	ve time, at	12:01 a.m. or	ı the earlie	er o
	MAY IST	,	2018	<u> </u>				
ated	_							

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Filing Fee: \$25.00