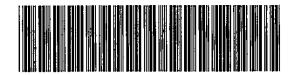
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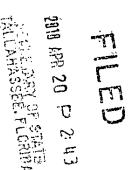
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COVER LETTER

TO: Registration So Division of Co					
SUBJECT: Sma	rt Choice Me	edia LLC			
SUBJECT:	<u> </u>	Name of Limited Liabil	ity Company		
Dear Sir or Madam:					
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.			
Please return all corresp	oondence concerning this n	natter to the following:			
Eric Prego					
	Name of Person				
Smart Cho	ice Media L	LC			
	Firm/Company				
10601 Mer	ndocino Ln				
	Address				
Boca Rtao	n, Fl 33428			inn apr 20	77
	City/State and Zip Code				MATERIAL PROPERTY OF THE PERSON NAMED IN COLUMN 1 AND THE PERSON N
ericprego@	gmail.com				m
E-mail address: (t	o be used for future annual	report notification)		D 2: 4	
				GEN F	
For further information	concerning this matter, ple	ease call:		The state of	
Eric Prego		_{at (} 561	305 2115		
Name	of Person	Area Code	Daytime Telephone Numbe	r	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle] 	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for	r the following amount:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	E: The name of the limited liability company is: Smart Choice Media LLC
SECO THIR	Document to be corrected is: Corporate name
K	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Corprate name should be: Smart Choice Partners LLC
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	OR The electronic transmission of the record was defective. Y/7/8 Signature of Authorized Representative Date
New R I herel provise obliga reflect	ure of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign ing the designation). Legistered Agent's Signature, if changing Registered Agent: Legistered Agent's Signature, if changing Registered Agent agent agent and agree to act in this capacity. I further agree to comply with the accept the the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered Agent's Signature Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)