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STANDASSEE, FLORIDA

## **COVER LETTER**

Divi	ision of Cor	rporations			
CHID IEZ "F.	All Smart l				
SUBJECT:		Name of Lin			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Luis Soto		TÄLL	7918 DEC 14 A
		<del></del>	Name of Person		
		All Smart Home Services,	LLC	(S)	DEC 111 A
			Firm Company	· :	• •
		12353 NW 54th Ct		0.25	2.17
			Address		•
		Coral Springs, FL 33076			
			City/State and Zip Code		
		Luiss549@gmail.com			
		E-mail address: (	to be used for future annual report notif	ication)	
For further in	formation c	oncerning this matter, please o	all:		
Luis Soto			954 993-2942 at ()		
	Name o	if Person	Area Code Daytine	: Telephone Number	
Enclosed is a	check for th	he following amount:			
□ \$25,00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing I Centificate of Certified Copy additional copy i	Status & y
	Registr	ING ADDRESS:	STREET/COURH Registration Section	n	

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

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Smart Home Services, LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Luability Company)	our records.)		
the Articles of Organization for this Limited I Iorida document number L18000100732	.iability Compan	y were filed on $\frac{4/23/20}{}$	and assigned		
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name of	of the limited lia	bility company here:			
All Smart Technologies, LLC					
he new name must be distinguishable and contain the	words "Limited Liab	dity Company," the design	ation "L1,C" or the abbreviation "L, L, C."		
Enter new principal offices address, if applicable:		N/A	7		
Principal office address MUST BE A STRE	ET ADDRESS)		200		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	· ROV	N/A	ST. D		
runng tataress MAY DE A 13/37 VI TICE	<u> 1777.)</u>				
3. If amending the registered agent and egistered agent and/or the new registered of			records, enter the name of the		
Name of New Registered Agent:	N/A		, , , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:	N/A				
		Enter Florida street address			
			, Florida		
		City	Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
			☐ Remove
			□ Remove
			☐ Change
			Add Add Remove
			ASS A Change Change Add
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				<del></del>			<u> </u>		
							Ä		
Effective da	ite, if other tha	n the date of (	filino:			(onti	onal)		
(If an effective of	date is listed, the da date inserted in t	te must be specifi	ic and cannot be			ian 90 days afte	r filing.) Par		
	effective date on				adiy iling ice	unements, un	s date will	nor the fisher	1 4
	specifies a del i day after the			t not an eff	fective time	, at 12:01	a.m. on t	he earlier	ГО
<i>)</i> The 90th	uay after the	r record is in	ieu.						
Dated 7	12/9/18_	,							
//.	V-/-1./-1-0-			·					
_			<i>ff</i>				<del></del>		
		Signature	of a member or	authorized rep	resentativo of a	nember-			

Page 3 of 3

Filing Fee: \$25.00