118000138686

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COVER LETTER

	Registration Se Division of Cor					
SHDIEC						
Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		ALEX J MAMUD				
Name of Person						
SMART KNOWLEDGE SOLUTIONS LLC						
Firm/Company						
		11130 Monte Carlo Blvd				
			Address			
Bonita Springs, Fl 34135						
			City/State and Zip Code	· 		
		alex.mamud@hotmail.com				
		E-mail address: (to be used for future annual report noti	fication)		
For furthe	r information c	oncerning this matter, please co	all:			
ALEX J N	MAMUD		954 954-401-55	01		
	Name o	f Person		e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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		Street Address: Registration Sec	ction			
Division of Corporations		Division of Cor	porations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T				
L	ananassee, f	1. 34314	Z413 N. MONTO	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART KNOWLEDGE SOLUTIONS LLC	ompany as it now appears on our records.)
(<u>Name of the Limited Liability Co</u> (A Florida Lim	nited Liability Company) 40/4 [in]
The Articles of Organization for this Limited Liability Comp Florida document number L18000138686	ompany as it now appears on our peords.) nited Liability Company) 2024 UCT - 1 AH 2: 23 pany were filed on JUNE 04, 2018; TALLAHASSEE. FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11130 Monte Carlo Blvd Bonita Springs , Fl 34135
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11130 Monte Carlo Blvd Bonita Springs , Fl 34135
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	CAROLINE MATOS KRUTZSCH	11130 Monte Carlo Blvd Bonita Springs , Fl 34135	🖺 Add
			□ Remove
			DChange
			□Add
			🗆 Remove
			□Change
			□Add
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·			🗆 Add
			□Remove
			□Change

Typed or printed name of signee