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(Re	equestor's Name)
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SMOOTH RYDERZ LLC

TO: Registration Section
Division of Corporations

SUBJECT:		THE REPORT LICE	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORDAN ABRAMS		
		Name of Person	
		Firm/Company	
	7400 POWERS AVE APT	518	
		Address	
	JACKSONVILLE, FL 322	217	
	JAYSMOOTH58@GMAIL	City/State and Zip Code	
	·	to be used for future annual report	notification)
For further information e	oncerning this matter, please co	all:	
JORDAN S ABRAMS		904 662-01	
Name o	f Person	Area Code Day	ytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SMOOTE	I RYDERZ LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		-
The Articles of Organization for this Limited I		were filed on	06/11/18		_ and	assigned
Florida document number	<u> </u>					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company he	ere:			
SMOOTH CREATIONZ LLC						
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the d	esignation "LLC"	or the abbre	viation	"L.1C."
Enter new principal offices address, if appli	cable:	N/A				
Principal office address MUST BE A STRE	address MUST BE A STREET ADDRESS)					
					E	
			-	-		1
Enter new mailing address, if applicable:		N/A			75	
Mailing address MAY BE A POST OFFICE	BOX)				<u>:</u>	Name of the last
				3.7	5	
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our r	ecords, <u>enter th</u>	ie name (of the 1	new regis
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A	<u></u>		<u></u>		
		Enter Flor	ida street address			
			, Flor	ida		
		City			Zip Cod	de

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
	N/A	N/A	
			Remove
			□Change
			□Add
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tive date, if other the frective date is listed, the	han the date of fi e date must be specific	ling:	e prior to date of	filing or more than	(opt 90 days afte	ional) r filing.) I	Pursuant	to 605.0
1 If the date inserted iment's effective date	in this block does n	ot meet the a	applicable stat	atory filing requi	rements, th	is date w	ill not b	oe listed
ment s encente date	on the Department	or state 3 re	corus.					
ord specifies a delayed	Leffective date: but	not an office	tive time at l'	0:01 a.m. on the	varlier of: (s) The	OOth da	valine
filed.	reneetive date, but	not an erree	ave time, at 1.	or a.m. on me	carrier or, (D) THE	your ga	y arter t
february 3	1	2020						

P. P. 635.04

JORDAN ABRAMS
Typed or printed name of signee