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Amend

JAN 1 1 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ali correspo	ondence concerning this matter	to the following:	
	JUAN BROWN		
		Name of Person	
	SMART CONCEPTS ASS	SET MANAGEMENT	
		Firm/Company	
	5600 Collins Ave 17Y		
		Address	······································
	Miami Beach, FL 33140		
		City/State and Zip Code	
	smartconcepts.pm@gmail.c		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
Juan Brown		786 262-0324 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S		Street Address: Registration Sec	vion
Division of C		Division of Cor	

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART CONCEPTS ASSET MANAGEMENT		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records. iited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/17/2018</u>	and assigned
Florida document number 1.18000171689		
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	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter th	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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>	Name	<u>Address</u>	Type of Action
MGR	Agustina Englebienne Sobrero	5600 Collins Ave 17Y, Miami Beach, FL 33140	■Add
			□Remove
			□Change
			🖸 Add
		·	Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			[∃Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Chara

Page 2 of 3

				
				
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ective date, if other than the effective date is listed, the date made: If the date inserted in this becoment's effective date on the light	ust be specific and cannot be block does not meet the a	e prior to date of filing applicable statutory	or more than 90 days after	filing.) Pursuant to 605.02
record specifies a delaye he 90th day after the re	ed effective date, buccord is filed.	ut not an effectiv	e time, at 12:01 a	a.m. on the earlier
ed	, 2019			
		17.713.7		
	Signature of a member or	r authorized representa	tive of a member	