

L 18 000 18 31 42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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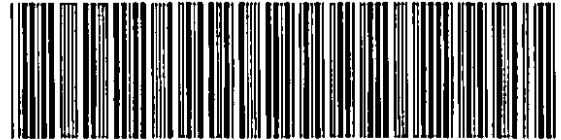
(Business Entity Name)

(Document Number)

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2019 MAR 25 A 11:57

CLERK OF COURT
TALLAHASSEE, FLORIDA

T. LEWIS
APR 04 2019



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March 19, 2019

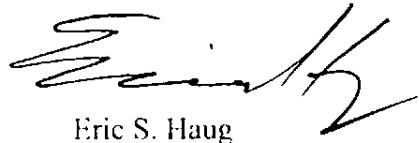
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Stubbs Tubbs, LLC; Document Number: L18000183142

Enclosed please find Articles of Amendment to Articles of Organization of Stubbs Tubbs, LLC. The Amendment is being submitted to change the name of the company to Smart Properties I, LLC. Also enclosed is check number 2509 in the amount of \$25.00 to be applied to this filing fee.

Please use the above contact information for all correspondence and if further information is needed for this matter. Thank you in advance for your attention to this matter.

Sincerely,



Eric S. Haug

Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Stubbs Tubbs, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR 25 A 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
July 31, 2018

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 118000183142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Smart Properties I, LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 8, 2019

Chris Wofa

Signature of a member or authorized representative of a member

Christina D. Wolcott

Typed or printed name of signee