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COVER LETTER

•	ision of Cor						
SUBJECT:	SMART CAPITAL INVESTMENT HOLDING LLC						
		. Name of Lin	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		JACOB DATILMA					
			Name of Person				
		SMART CAPITAL INVE	STMENT HOLDING				
			Firm/Company				
		5401 S. KIRKMAN RD S	UITE 217A				
			Address				
		ORLANDO FL 32819					
			City/State and Zip Code	····			
			VESTMENTSREALTY.COM				
			to be used for future annual report not	ification)			
For further in	iformation c	oncerning this matter, please c	all:				
JACOB DAT	ΓILMA		407 832-4424 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling 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			
Reg Div P.O	ling Addres gistration S rision of C Box 632 lahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART CAPITAL INVESTMENT HOLDING LLC

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

(A F	lorida Limited Liability Company)	, <u>, , , , , , , , , , , , , , , , , , </u>	~ m
The Articles of Organization for this Limited Liabil	ity Company were filed on 09/2	21/2018	sand assigned
Florida document number L18000224676			
This amendment is submitted to amend the following	ıg:		• • •
A. If amending name, enter the new name of the	limited liability company her	re:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our re	cords, enter the na	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	r., r.	da street address	
	enter riort	aa sireet aaaress	
-	City	, Florida	Zip Code
Naw Dagistarad Agant's Signatura, if abanging Dagis	•		гэр Соие

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

Title	Name	Address	Type of Action
MGR	JACOB DATILMA	5401 SOUTH KIRKMAN RD SUITE 217A ORLAN	
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			□Add
			□Remove
			🗆 Change
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			□Remove
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te: If t	he date inserte	r than the date the date must be speed in this block date on the Departs	loes not me	et the appl	icable statut	iling or more ory filing re	than 90 days	optional) safter filing. s, this date) Pursuant to 6 will not be li	05.0207 sted as
ecord spis filed.		yed effective date	e, but not a	n effective	time, at 12:	01 a.m. on	the earlier o	of:(b) Th	e 90th day af	ter the
ted	PTEMBER 16	5		2020	 ;					
			(1)	4					
		Signa	ature of a m	ember or aut	forized repre	sentative of	a member	·		