L18000260857

(Re	questor's Name)
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	r)
Certified Copies		es of Status
Special Instructions to	Filing Officer:	
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21 JUL 20 PH 1: 27

COVER LETTER

Registration Section
Division of Corporations

TO:

Company Company					
SUBJECT: Smart Mor	Name of Lin	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:			
	Simone Keize	Name of Person			
	Hynds Keize & Associates CPA Firm Company				
		Firm Company			
	111 N Pine Island Rd Ste				
	Plantation, Fl 33324	City/State and Zip Code			
	simone.keize@hyndskeizec E-mail address: (paleom to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	ull:			
Simone Keize Name o	f Person		ne Telephone Number		
		·	·		
Enclosed is a check for the	ne following amount:				
■ S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres Registration 5			ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee. FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 JUL 20 PH 1: 27

Smart Mobile Solutions LLC

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

The Articles of Organization for this Limited Liability Company	were filed on March 04, 2021	and assigned	
Florida document number L18000260857			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the decimation "[1 C"	or the abbraviation "L.L.C."	
		or the aboreviation (E.E.C.	
Enter new principal offices address, if applicable:	3650 NW 115th Ave	_	
(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 a agent and/or the new registered office address here: Name of New Registered Agent:	<u>enter</u>	on the new regimence	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	

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 Address 21 JUL 20 PH 1: 27 AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> 3650 NW 115th Ave MGR Dane Spencer ≣Add Doral, Fl 33178 □Remove _____ □Change ______ □Remove □Remove _____ □Change ______ □Remove _____ □ Add _____ □Remove _____ □Change _____ □ Add

_____ Remove

				here: (Attach				
						21 JUL 20	P# 1:27	
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an effective date ote: If the dat	is listed, the d e inserted in	ate must be specif	ic and cannot be not meet the a	prior to date of fili pplicable statuto: tords.	ng or more that		iling.) Pursuant to	
record specifie is filed.	s a delayed e	ffective date, bu	t not an effect	ive time, at 12:0!	I a.m. on the	earlier of: (b)	The 90th day a	ifter the
ated	i2	July)	#	authorized represe				
		Signature		•				
			[V\N	Y(on MU printed name of si	Kenzie) 	<u>-</u>	_

Filing Fee: \$25.00