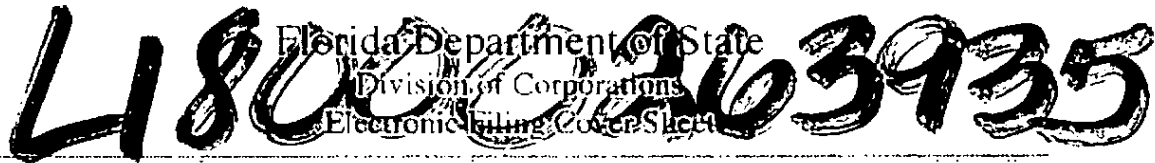


8/16/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000244907 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NATALIE M. BURNS PL
Account Number : 120140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
K SMART INVESTMENTS, LLC**

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

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Help

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

(((1119000244907 3)))

K SMART INVESTMENTS, 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 11/13/2018 and assigned
Florida document number L18000263935.

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 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

(((H19000244907 3)))

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>
AMBR	HELI MONTIEL	1261 W OSCEOLA PARKWAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MIGUEL A. ANDRADE PIZARRO	13301 FAIRWAY GLEN DR.	<input checked="" type="checkbox"/> Add
		APT 104	<input type="checkbox"/> Remove
		ORLANDO, FL 32824	<input type="checkbox"/> Change
AMBR	LEYDY C. ANGULO ALBARRAN	983 BUTTERFLY BLVD	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(b) The 90th day after the record is filed.

Dated 05/13, 2019

Signature of a member or authorized representative of a member

SERGIO G. PIZZARELLI

Typed or printed name of signer