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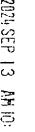
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COVER LETTER

	tration Section on of Corporations	
Si Si	mart Solutions Consulting Group. LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed A	articles of Amendment and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
	Christopher Sierra	
	Name of Person	<u> </u>
	Smart Solutions Consulting Group, LLC	
	Firm/Company	1024
	13116 SW 26 Terrace	TALL SEP
	Address	- PER 00 15
	Miami, FL 33175	2024 SEP 13 FM ID: 58 SECRETARY SEE THE
	City/State and Zip Code	
	chris@sierraconsolidated.com	्रास्तु ० -
For further info	E-mail address: (to be used for future annual report notification)	· ·
Christopher Sie	305 807-9067	
	Name of Person Area Code Daytime Telephone Nun	ber
Enclosed is a ch	neck for the following amount:	
■ \$25.00 Filir	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, feate of Status & fed Copy final copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

COVER LETTER

	Registration Se Division of Cor				
SUBJEC	Smart Solui	tions Consulting Group, LLC			
Sonde	••	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		Christopher Sierra			
			Name of Person	_	
	Smart Solutions Consulting Group, LLC				
		-	Firm/Company	····	
		13116 SW 26 Terrace			
			Address		
		Miami, FL 33175		2021	
		chris@sierraconsolidated.co	City/State and Zip Code om	2024 SEP 13 AM 10: 58 SECRETARY OF STATE OF SEE FILE O	
		E-mail address: (to be used for future annual report notifical	tion)	
For furthe	r information c	oncerning this matter, please o	all:-		
Christoph	er Sierra		305 807-9067	कारत प्र कारत प्र	
	Name o	f Person	at () Area Code Daytime Te	elephone Number	
Enclosed	is a check for th	ne following amount:			
≡ \$25.0	0 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 cupy is enclosed)	
<u>N</u> F	Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration Section	on	

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

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 Solutions Consulting Group, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on eliability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{1/29/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Frontline Contracting, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		10 to
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: New Registered Office Address:		
	Enter Florida si	reel address
	Cin'	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office	ee to act in this capa performance of my o provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if oth n effective date is liste ote: If the date inse cument's effective o	rtea in this block at	of Hing:ecific and cannot be set not meet the a	applicable statutory	g or more than 90 day v filing requirement	(optional) 's after filing.) Purs is, this date will i	uant to 605.0207 not be listed as
ecord specifies a de is filed.	layed effective date	, but not an effect	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th	h day after the
		2024				
September 5		GU	·			

Filing Fee: \$25.00