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	Requestor's Name)	
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(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(F	Business Entity Name	3)
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I Instructions t	o Filing Officer:	<del> </del>
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CT: SMART MEDIA SQUAD, & LLC Name of Limited Liability Company	
:losed Articles of Amendment and fee(s) are submitted for filing.	
return all correspondence concerning this matter to the following:	

Name of Person

SMART MEDIA SQUAD, LLC

Firm/Company

7431 Modeira St

Address

Miramar Fl 32023

City/State and Zip Code

WVINCENT & KALOU Chamedia. Com

E-mail address: (to be used for future annual report notification)

ther information concerning this matter, please call:

Name of Person at (954) 534 - 4842

Area Code Daytime Telephone Number

ed is a check for the following amount:

5.00 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 copy is enclosed)

## Mailing Address:

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

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

SMART MEDIA SQU (Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)
ticles of Organization for this Limited Liability Company document number <u>190001704</u> 5	were filed on <u>C</u>	$\frac{6}{28}$
nendment is submitted to amend the following:		
amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :
v name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
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new mailing address, if applicable:	<del></del>	
ng address MAY BE A POST OFFICE BOX)		- <u>S</u>
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	address on our re	cords, enter the name of the new registered
	dddiess on our re	
amending the registered agent and/or registered office and/or the new registered office address here:		
and/or the new registered office address here:  Name of New Registered Agent:		
and/or the new registered office address here:		da street address
and/or the new registered office address here:  Name of New Registered Agent:	Enter Flori	
Name of New Registered Agent:  New Registered Office Address:	Enter Flori City	
and/or the new registered office address here:  Name of New Registered Agent:	Enter Flori City	, Florida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

	lanager uthorized Member		
	<u>Name</u>	Address 7431Madeira St Miramar FL 33023	Type of Action
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e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prio the date inserted in this block does not meet the appliat's effective date on the Department of State's records	icable statutory	or more than 90 filing requiren	days after filing nents, this date	,) Pursua will no	int to 605,02 of be listed :
specifies a delayed effective date, but not an effective l.	time, at 12:01 :	i.m. on the earl	ier of: (b) T	he 90th	day after th
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Signature of a member or aud  WAKING VINCENT  Typed or prin	horized represen	ative of a memb	er		