

119 000216669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

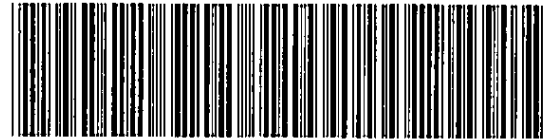
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Special Instructions to Filing Officer:

Q. SILAS

11/30/21

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11/30/21--01024--001 \*\*8.00

10/27/21--01019--001 \*\*52.50

FILED  
2021 NOV 30 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2021

HOMAYOUN RANJIFROODY  
20200 W DIXIE HWY  
SUITE 1208  
MIAMI, FL 33180

SUBJECT: SMARTCLOSINGS.COM LLC  
Ref. Number: L19000216669

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 821A00027211

Rec.

11/30/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMARTCLOSINGS.COM LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Homayoun Ranjijifroody  
Name of Person  
SMARTCLOSINGS.COM LLC  
Firm/Company  
20200 W DIXIE HWY SUITE 1200  
Address  
MIAMI, FL 33180  
City/State and Zip Code  
CEO@LOANSMARTER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Homayoun Ranjijifroody at (786) 901-0139  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

(FEES + CHECK already paid  
+ Received By your department)  
See enclosed letter.

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2021 NOV 30 PM 5:26

SMART CLOSINGS. com LLC

(Name of the Limited Liability Company as it now appears on our records.) LALF  
(A Florida Limited Liability Company) ALLAH 1257711

The Articles of Organization for this Limited Liability Company were filed on 08/23/2019 and assigned  
Florida document number L19000216669

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMARTER SETTLEMENT LLC

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:

same as before

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same as before

(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:

HOMAYOUN RANJITFROODY

New Registered Office Address:

20200 W DIXIE HWY STE 1208

*Enter Florida street address*

MIAMI

*City*

, Florida

33160

*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.*

*H Ranjitfroody*

If Changing Registered Agent, Signature of New Registered Agent



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE AMEND OUR NAME FROM SMARTCLOSINGS.COM LLC  
TO SMARTER SETTLEMENT LLC

E. Effective date, if other than the date of filing: 11/24/2021 (optional)

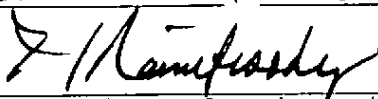
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

(November 24th)

Dated 11/24/2021 2021



Signature of a member or authorized representative of a member

Homayoun Ranjith Froody

Typed or printed name of signee