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| (Requ | uestor's Name) | 1 |
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| (Addı | ress) | |
| bbA) | ress) | |
| (City/ | State/Zip/Phon | |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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COVER LETTER

Name of Limited Liability Company

Kralty LLC

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Registration Section Division of Corporations

Smart

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

| The enclosed Articles of An | endment and fee(s) are sub | mitted for filing. | |
|-------------------------------|---|--|---|
| Please return all corresponde | ence concerning this matter | to the following: | |
| | Maria | Albanian | |
| | Smait | Name of Person Miami Zeal Firm/Company Alah Pl | ry LLC |
| | 3276 W | 92nd Pl | |
| | Hialiah | and Tensi FL 330 | > 6 |
| - | | City/State and Zip Code AYYAN DOALTOY 856 to be used for future annual report notifica | |
| For further information conc | erning this matter, please ca | all: | |
| Maria Alba | arran | at (266) 300 6 Area Code Daytime To | 9180 elephone Number |
| Enclosed is a check for the f | ollowing 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) |
| | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGMI PRAITY 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 10/09/2019 and assigned Florida document number L19000254635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SMART MIOMI PRAITY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = A | uthorized Member | | |
|--------------|------------------|--------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Maria Albarran | 8200 NW 4157 SUT 2 | 200 DAdd |
| | | | □ Remove |
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| Note: If | date, if other than the date of filing: (optional) (ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at its effective date on the Department of State's records. |
| the recor) The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated | 11-4-2019 |
| | |
| | Signature of a member or authorized representative of a member |
| | Maira albarran |

Page 3 of 3

Filing Fee: \$25.00