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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Smart Gro	oup Systemts, LLC				
SOBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Marc Miles				
		Name of Person			
	Law Office of Marc J. Mil	les, P.A.			
		Firm/Company			
	333 Tamiami Trail S. STE	219			
Address					
Venice, FL 34285					
	City/State and Zip Code				
	mmiles@marcmileslaw.com				
	E-mail address: (to be used for future annual report no	otification)		
For further information	concerning this matter, please c	all:			
Marc Miles		941 484-8280 at ()			
Name	of Person		me 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)		
Mailing Addre		Street Address: Registration S	ection		
Registration Division of	Corporations	Division of Co			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Group Systems, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000292185}{L19000292185}$	were filed on 11/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Smart Group Systems International, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		路 五
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	5
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		 	□Change
			□Add
		<u> </u>	Remove
			Change
		<u></u>	
			□Remove
			□Change
			□Add
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			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	re date, if other than the date of filing:
f 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 ed.
Dated _	lanuary 2nd
	Signature of a member or authorized representative of a member
	Marc Miles
	Typed or printed name of signee

Filing Fee: \$25.00