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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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Registration Section Division of Corporations

UBJECT: 5 May + Step= LLC :
Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Maribel Cuervo Name of Person
Smart Steps LLC
9053 WILSKY BIVD
Tampa F 33015 City/State and Zip Code Smart 5 + 125 + 2am pa (wanai) Com E-mail address: (to be ased for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (305) 967-438/ Area Code Daytime Telephone Number
nclosed is a check for the following amount:
S525.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (Certificate of Status & Certified Copy (tadditional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 mart 570	ted Liability Compa (A Florida Limited I	ny as it now appears on hability Company)	our records.)	202	
The Articles of Organization for this Limited L.	iability Company	were filed on 12	130/19	NH and assign	ned=
This amendment is submitted to amend the following	lowing:				J
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	,	M 7: 04	
he new name must be distinguishable and contain the v		ity Company," the design	nation "LEC" or the ai	bbreviation "L.L.C	
Inter new principal offices address, if applie			-		
Principal office address MUST BE A STREE	ET ADDRESS)		_ _		
					
nter new mailing address, if applicable:					
<u>Aailing address MAY BE A POST OFFICE</u>	(BOX)		.		_
If amending the registered agent and/or ent and/or the new registered office addre		uddress on our recor	ds, <u>enter the nan</u>	ne of the new r	<u>registered</u>
Name of New Registered Agent:	Yari	sley Cu	envo		
New Registered Office Address:	<u>4053</u>	5 WISE Enter Florida s	Leer address)	
	Tamp	101 ₁	Florida	330 Zip Code	15

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 1g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability 1pany has been notified in writing of this change.

If Changing Registered Agent. Sognature of New Registered Agent

f 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>itle</u>	<u>Name</u>	Address	Type of Action
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		Tampa, F1, 336	Remove
			□Change
100	Jaribe/ Cherro	21300 SW 2445 Homestead Fl	1 Ladd
		Homestead f	□Remove
		33031	□Change
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ective date.	f other than the date of f s listed, the date must be specifi	filing:	date of filing or more than	(optional)	irsuant to 605 020
<u>te:</u> If the date	inserted in this block does rive date on the Department	not meet the applicab	le statutory filing requi	rements, this date wi	ll not be listed a
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	a delayed effective date, bu	t not an effective tim	e, at 12:01 a.m. on the c	earlier of: (b) The 9	0th day after the
is filed.	, 1				
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