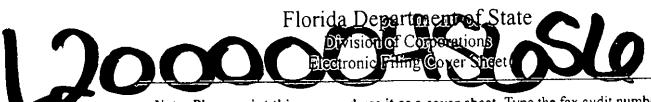
9/17/2020

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003248213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: accountant a laxenacc. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SMART BUSINESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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## **COVER LETTER**

ma =		**	٠.		
TO: Registration S Division of Co					
SUBJECT:	BUSINESS, LLC				
	Name of Lis	mited Liability Company			
<b></b>					
the enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondence	ondence concerning this matte	r to the following:			
	CAROLINE G LARSON				
		Name of Person	<u> </u>		
	LARSON ACCOUTING	GROUP			
Firm/Company					
	7901 KINGSPOINTE PKWY STE 17				
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	ACCOUNTANT@LARSO				
	E-mail address:	(to be used for future annual report noti	fication)		
For further information of	concerning this matter, please of	eall:			
SILAS SILVERIO DE I	MORAIS	407 370-3686			
Name o	ri Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	§:	Street Address:			

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

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SMART BUS	INESS, LLC		
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited L Florida document number L20000045656	were filed on	02/07/2020	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here	<b>:</b>	
N/A				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered office address.	registered office ss here:	N/A  address on our reco		e of the new registered
Name of New Registered Agent:	N/A			<del>_</del>
New Registered Office Address:	N/A		·····	
	Enter Floridu street oddress			
	, Florida			Zin Codu
New Registered Agent's Signature, if changing  I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registere being filed to merely reflect a change in the	ed agent and agr per and complete istered agent as	ee to act in this ca performance of m provided for in Ch	y duties, and I am J apter 605, F.S. Or,	ree to comply with the amiliar with and if this document is
provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete istered agent as registered office	e performance of m provided for in Ch	y duties, and I am J apter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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
MGR	SILAS SILVERIO DE MORAIS	4558 ADA LN	□Add
		KISSIMMEE, FL 34746	■Remove
			□Change
MGR	GABRIEL DO E. S. DA SILVEIR/	4558 ADA LN	□Add
		KISSIMMEE, FL 34746	■Remove
			2020 Charge
MGR	WEB SOLUTIONS FL INC	12154 SATIRE STREET	Add!
		ORLANDO, FL 32832	COC B M
		<del></del>	☐ Change
			□Remove
			Change
			Remove
			Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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. Dated September 3 2020 SILAS SILVERO DE MORAS Signature of a member or authorized representative of a member SILAS SILVERIO DE MORAIS Typed or printed name of signee

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