## 2000 Congrations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAKLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3990 Fax Number : (796)713-1940

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMARTFIX LLC

Certificate of Status	 0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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DEC 1 5 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMARTFIX LLC		and the second
(Name of the Limited Link	oility Company as it now appears on our records.) ida Limited Liability Company)	20 - (2)
(A Flor	ida Limited Liability Company)	芸皇
The Articles of Organization for this Limited Liability	Company of Glad at 02/25/2020	and assigned 23
	Company were filed on	and assigned
Florida document number L20000062493	·	30
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	_
	-	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	_
3. If amending the registered agent and/or reg	istered office address on our records on	ter the name of the ne
egistered agent and/or the new registered office ad	dress here:	ter the name of the ne
Name of New Registered Agent:		
Twines The Winds of the Might		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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.

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
MGR	FON HU, WAXIN	5174 NW 103RD AVE	
		DORAL,FL 33178	□ Remove
			Change
			☐ Add
			□ Remove
		Change	
<del></del> -		·	
			Remove
			□ Change
			Remove
		Change	
	<u>-</u>	Add	
		□ 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:  (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)(1)  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 OCTOBER 2ND , 2020
- Wuftulke
WA RUN FONG HU
Typed or printed name of signee