

L20000 153232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

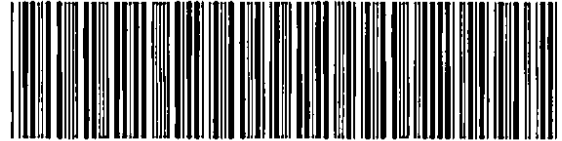
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 14 2020

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

D. BRUCE
AUG 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART REALTY SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMON HANNA

Name of Person

SMART REALTY SOLUTIONS LLC

Firm/Company

5426 OAKHURST DRIVE

Address

SEMINOLE FLORIDA 33772

City/State and Zip Code

HANNA.SIMON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON HANNA

727
at ()

902-1732

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SMART REALTY SOLUTIONS 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 JUNE 04, 2020 and assigned
Florida document number L20000153232.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

5426 OAKHURST DRIVE

SEMINOLE FLORIDA 33772

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:

SIMON HANNA

New Registered Office Address:

5426 OAKHURST DR

Enter Florida street address

SEMINOLE

City

Florida

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN CAHILL	5426 OAKHURST DR	<input checked="" type="checkbox"/> Add
		SEMINOLE FLORIDA 33772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SIMON HANNA	5426 OAKHURST DR	<input type="checkbox"/> Add
		SEMINOLE FL 33772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TRYING TO Change the LLC from a member managed
to a manager managed LLC

From Simon Hanna to Kevin Cahill while
having Simon Hanna as the A Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

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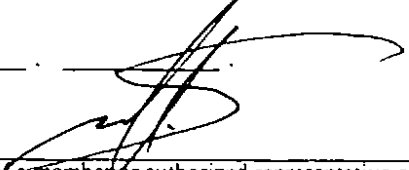
E. Effective date, if other than the date of filing: 07/01/2020 (optional)

(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 07/16/2020



Signature of a member or authorized representative of a member

SIMON HANNA

Typed or printed name of signee