

L200001548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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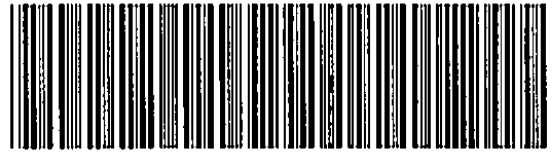
(Business Entity Name)

(Document Number)

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07/09/20 10:00:00 -004 **

2020 JUL -9 A 9:32

LLC
Amend 1

JUL 29 2020

D CONNELL

TO: Registration Section
Division of Corporations

SUBJECT: Smiley World Enterprises 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:

Corrine Y. Smiley
Name of Person

Smiley World Enterprises LLC
Firm/Company

1835 E Hallandale Beach Blvd #177
Address

Hallandale Beach, FL 33009
City/State and Zip Code

Corrine.Smiley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corrine Smiley at (786) 258-1691
Name of Person Area Code Daytime 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 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

Smiley World Enterprises 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 6/1/20 and as
Florida document number L200000154871.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 ne
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 com
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

□ Ct

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

Blank lined area for amending information, crossed out with a diagonal line.

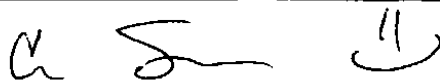
E. Effective date, if other than the date of filing: _____ (optional)

(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 64

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated 06/27, 2020



Signature of a member or authorized representative of a member

Corrine Smiley

Typed or printed name of signee