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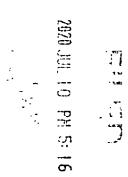
(Requestor's Name)
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AUG 21 2020 S. YOUNG

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	egistration S ivision of Co					
SUBJECT	SMARTH	OUSE INVESTMENT LLC				
50 13. 1.0 T	Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		JOSE ANTONIO COUCE	3			
			Name of Person			
		SMARTHOUSE INVEST	MENT LLC			
			Firm/Company			
		1427 SW 8TH PL				
		-	Address			
		CAPE CORAL, FL. 339	91			
		-	City/State and Zip Code			
		jacouce@gmail.com				
			to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please c	all:			
jose antonic	couce		239 321-1103			
_	Name o	î Person	at () Area Code Daytim	Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Fiting 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)		
Re	iling Address	Section	<u>Street Address:</u> Registration Sec			
Di	vision of C	orporations	Division of Cor	porations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMARTHOUSE INVESTMENT 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 <u>06/09/2020</u>	and assigned
Florida document number L20000158200		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	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:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	Cuy	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 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
AMBR	ROCIO CUELLAR	1427 SW 8TH PL	□Add
		CAPE CORAL F1. 33991	≣Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□ Add
			□Remove
			□ Change

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ote:	ve date, if other than the date of filing:
recor Lis fil	d 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 dect.
ated	07/08/2020
	- Litalial C
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00