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AUG 1 0 2020 S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations	
SUBJECT: SH	rested Invest	hons Help LLC of Limited Liability Company
 -	Name o	of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) ar	re submitted for filing.
Please return all corres	pondence concerning this m	natter to the following:
	Leonal F	Name of Person
	Smart PhS	to 9 Useco Productions Firm/Company
	1426 NE	163ea St. Address
	AIM ARON	MI Beach TL 33162 City/State and Zip Code 11 am 1163 Da mail· Com ress: (to be used for future annual report notification)
	E-mail add	ress: (to be used for future annual report notification)
For further information	concerning this matter, ple	ase call:
Jeoset Pc Name	tit - Jaquel of Person	at (786) Suu-9293 Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Stat	
<u>Mailing Addr</u> Registration		Street Address: Registration Section
Division of	Corporations	Division of Corporations
P.O. Box 63	327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Smarked</u>	Zaciolassa	Help LLC		ວ ວ
(<u>Name</u>	of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ir records.)	
The Articles of Organization for this		ny were filed on Db 10	2020 and	Tassigned
Florida document number <u>L2000</u>	DISPAIT.			
This amendment is submitted to amen	nd the following:			
A. If amending name, enter the ne	w name of the limited lia	ability company here:		
The new name must be distinguishable and o	contain the words "Limited Lie	ability Company," the designati	ion "LLC" or the abbreviation	n "L.1C."
Enter new principal offices address	s, if applicable:			
(Principal office address MUST BE	A STREET ADDRESS)		<u></u>	
Enter new mailing address, if appli (Mailing address MAY BE A POST	OFFICE BOX)			
B. If amending the registered agen agent and/or the new registered off		e address on our records	s, <u>enter the name of the</u>	new registere
Name of New Registered A	gent:			
New Registered Office Add	lress:			
		Enter Florida stre	et address	
			Florida	
		City	Zip C	oxle

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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r effective c <u>te:</u> If the	te, if other than late is listed, the date date inserted in th ffective date on the	e must be specific iis block does n	and cannot be proof of meet the app	licable statutory	g or more than 90 or filing requirem	_ (optional) days after filing.) Pu ents, this date will	rsuant to 605.020 not be listed as
cord spec s tiled.	ifies a delayed eff	ective date, but	not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 90	th day after the
ted <u>06</u>	119/	<i></i>		·			
_		Leone Signature o	E Roll Tankinber or a	Thorized represen	ntative of a membe	r	
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