L20000160831

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PROFESSIONAL TAX PREPARATION LLC
Account Number : I20210000081
Phone : (407)933-4211
Fax Number : (407)679-0387

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

Email Address: jgarcia@smartscholarsabq.com

FILED
2024 MAY 30 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART SCHOLARS LLC

Certificate of Status	0
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T. LEMIEUX
MAY 31 2024

H24000191733

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART SCHOLARS 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:

JOVANKA GARCIA
Name of Person

Firm/Company

3439 13TH STREET
Address

ST CLOUD, FL 34769
City/State and Zip Code

jgarcia@smartscholarsaba.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOVANKA GARCIA at (407) 483-7497
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

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H 24000 191735

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SMART SCHOLARS 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 06/10/2020 and assigned Florida document number L20000160231.

This amendment is submitted to amend the following:

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

SMART ABA LLC

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)

3439 13TH STREET
ST CLOUD, FLORIDA 34769

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3439 13TH STREET
ST CLOUD, FLORIDA 34769

FILED
2024 MAY 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: 3439 13TH STREET
Enter Florida street address

ST CLOUD, Florida 34769
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

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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

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

NEW ADDRESS FOR JOVANKA GARCIA, AMBR, 3439 13TH STREET, ST CLOUD, FLORIDA 34769

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 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 May 30th, 2024.

Signature of a member or authorized representative of a member

JOVANKA GARCIA

Typed or printed name of signee

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Filing Fee: $25.00