

L20000186294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

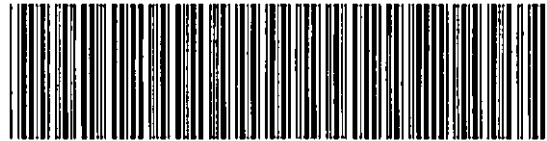
(Document Number)

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RECEIVED  
CLERK OF STATE  
CORPORATION  
20 OCT 19 PM 1:45

*Amend/Name Change*

NOV 20 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SMART HEALTH ADVISORS 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:

JON JOHNSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6468 NW 5TH WAY

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33309

\_\_\_\_\_  
City/State and Zip Code

jonjohnson1215@gmail.com

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

For further information concerning this matter, please call:

JON JOHNSON

609 892-4767  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

20 OCT 19 PM 1:45  
REC'D STATE  
DIV OF CORP  
REGISTRATION

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

FILED  
20 OCT 19 PM 1:45  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

SMART HEALTH ADVISORS 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 07/01/2020 and assigned  
Florida document number L20000186294.

This amendment is submitted to amend the following:

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

SMART HEALTH INSURANCE AGENCY 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:

6468 NW 5TH WAY

**(Principal office address MUST BE A STREET ADDRESS)**

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

6468 NW 5TH WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

FORT LAUDERDALE, FL 33309

**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:

Enter Florida street address

Florida

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**

**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**

[illegible]

[illegible]

(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)

Dated OCTOBER 13, 2020

JON JOHNSON

**Filing Fee: \$25.00**