

h20000190362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

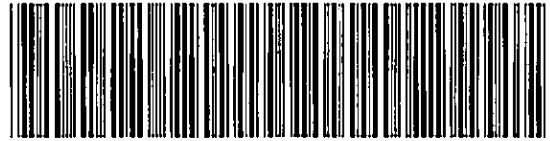
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2021 NOV 29 AM 11:48  
CLERK OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV 23 PM 3:19

November 13, 2021

HOMAYOUN RANJII FROODY  
20200 W DIXIE HWY STE 1208  
MIAMI, FL 33180

SUBJECT: SMART PATH CREDIT LLC  
Ref. Number: L20000190362

We have received your document for SMART PATH CREDIT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 521A00027577

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMART PATH CREDIT 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:

HOMAYOUN RANJIFROODY

Name of Person

SMART PATH CREDIT LLC

Firm/Company

20200 W DIXIE HWY STE 1208

Address

MIAMI, FL 33180

City/State and Zip Code

CEO@LOANSMARTER.COM

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

For further information concerning this matter, please call:

HOMAYOUN RANJIFROODY at 786 901-0139

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**

SMART PATH CREDIT 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 07/06/2020 and assigned Florida document number L20000190362.

This amendment is submitted to amend the following:

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

SMART LIFE AMERICA 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)

20200 W DIXIE HWY STE 1208

MIAMI, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20200 W DIXIE HWY STE 1208

MIAMI, FL 33180

**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:

SAME REGISTERED AGENT ON FILE - HOMAYOUN RANJIJIFROODY

New Registered Office Address:

SAME AS ABOVE

Enter Florida street address

MIAMI

City

Florida

33180

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.*

Homayoun Ranjijifroody

If Changing Registered Agent, Signature of New Registered Agent

Signature of Registered Agent  
The undersigned hereby certifies that the person on whose behalf this document is being filed is the person on whose behalf this document is being filed.  
Date: 07/06/2020

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Homayoun Ranjijifroody</u>	<u>20200 W DIXIE HWY STE 1208</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33180</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

Please amend our existing Smart Path Credit LLC to Smart Life America LLC

Please expedite this name change, we are willing to pay additional fees to rush this if needed.

**E. Effective date, if other than the date of filing:** 10/27/2021 **(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 October 27th 2021

Homayoun Ranjijifroody

Signature of a member or authorized representative of a member

Digitaly signed by Homayoun Ranjijifroody  
DN: cn=Homayoun Ranjijifroody, o=Loansmart inc, DBA=Loansmart inc, ou=Board of Directors  
email=info@loansmart.com, c=US  
Date: 2021.10.27.23:55:22 -0400

HOMAYOUN RANJIJIFROODY

Typed or printed name of signee