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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN

Account Number : 120070000020

: (813)435-3176

Phone Fax Number

: (813)333-6358

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST SPARKS, LLC

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION **OF**

JUST SPARKS, LLC	•			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company	were filed on 07/16/2020		and a	ssigned
Florida document number L20000207036				33.65.44
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
SMT Ventures, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbi	reviation *I	L.C."
Enter new principal offices address, if applicable:	15020 Blue Bay Circle			
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers			
	33913			
Enter non-mailing address 18 15 1	15020 Blue Bay Circle	## S	202	
Enter new mailing address, if applicable:		12 C)		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers	أجرين أ	<u></u>	<u> </u>
	33913			1
R. If amending the peristant and and a little to the		XX 2	<u>p</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, ente	er the name	o <u>Libe ne</u>	WTegister
VINCE Address nere.		72	<u></u>	
Name of New Registered Agent:		 	S i	
New Registered Office Address:			·	
	Enter Florida street addr	ess		
		lorida		
	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

Title	Name	Address	Type of Action
AMBR	Kevin Montagano	15020 Blue Bay Circle	■ Add
		Fort Myers	□Remove
		33913	@Change
AMBR	Patrick Tortora	15020 Blue Bay Circle	
		Fort Mycrs	□Remove
		33913	Change
AMBR	James Shockley	15020 Blue Bay Circle	FF B Add
		Fort Myers	O P Remove
		33913	
AR	NICKOLAS SPRADIJIN	18801 N. DALE MABRY HWY	
		STE 119	≣Remove
		LUTZ, FL 33548	Change
			□Add
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	e Department of 3th	ate s records.					
record specifies a delayed effe	ctive date, but not a	ın effective tim	e at i2:∩Le m	Ost that position of	G (E) (III)	004	
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