

L20000227959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

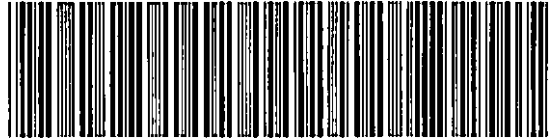
(Business Entity Name)

(Document Number)

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05/28/21--01013--005 **25.00

2021 MAY 28 PM 2:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Punta Movil - 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:

Luciano Vazela

Name of Person

Smart Life UP

Firm/Company

2335 SW 17th St

Address

Miami, FL, 33145

City/State and Zip Code

lvzela022@fiu.edu

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

For further information concerning this matter, please call:

Luciano Vazela

Name of Person

at (786)

Area Code

624 - 9051

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**

Punta Movil 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 07/21/2020 and assigned Florida document number L 20000 227959.

This amendment is submitted to amend the following:

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

Smart LifeUx 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)

4500 SW 14th St
Miami, FL, 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4500 SW 14th St
Miami, FL, 33134

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Julio Vatelz</u>	<u>3224 sw 24th terrace</u>	<input type="checkbox"/> Add
		<u>Miami, FL, 33145</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Stephano Vatelz</u>	<u>3224 sw 24th terrace</u>	<input type="checkbox"/> Add
		<u>Miami, FL, 33145</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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