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(Requestor's Name	9)
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A. RAMSEY SEP - 1 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	VNQ 11		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Dusas	Name of Person	
	VN	Firm Company	
	12306 Tatte	rsall Park Lr	)
	Tampa	EL 3362 City State and Zip Code  Vason a gmail be used for from annual report not	5
	Cwayne E-mail address (s	Vason@gmail	theation)
For further information of	concerning this matter, please ca	H:	
Dwarne	VaSon of Person	at (770) <u>&amp; 47</u> Area Code Daytin	2 - 5989 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Se	
Division of C	corporations	Division of Co.	rporations

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

	2022 JUN 14 PM 12 09
(Name of the Limited Liability Com	pany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000D 255 63</u> 2	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  Smart 050  The new name must be distinguishable and contain the words "Limited Lia	(4.5 116
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
	Lip Cour

## 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 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>	Address	Type of Action
			□Add
			□Remove
			(□Change
		□Add	
		□Remove	
			□Change
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	·	ERemove	
		<del></del>	□Change
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(If an effective Note: I	e date, if other than the date of filing:
the record cord is file	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 d.
Dated _	June 8th 2022.
	Signature of a member or authorized representative of a member