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S. YOUNG



COVER LETTER

| O: | Registration Section Division of Corpo | | | | |
|---------------|--|---|--|----------------------|--|
| UBJE | ст: | P SMART R(MU) | (1.26, llc | | |
| | | Name of Limit | ed Liability Company | | |
| The enc | losed Articles of At | mendment and fee(s) are subm | nitted for filing. | | |
| lease r | eturn all correspond | lence concerning this matter to | o the following: | | |
| | | JAVIER | TAMAYU PUT | 24 | |
| | | | Name of Person | | |
| | | JTR SMAF | T FIRM OCLING | (() | |
| | | | Firm/Company | | |
| | | 1814 C | DIAMA ST | | |
| | | | Address | | |
| | | TAMPA, | F C 3361D City/State and Zip Code | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (to | o be used for future annual | report notification) | |
| For furt | her information cor | cerning this matter, please ca | 11: | | |
| | JAVIER TAM | Ayu ROJAS | at (_904) | 446-500 | 9 |
| , | Name of I | Person | Area Code | Daytime Telephor | ne Number |
| Enclose | ed is a check for the | following amount: | | | |
| ⊌ \$25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee of Certified Copy (additional copy is end | | \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JTK SM. | AFT FLMODELING, LL | <u></u> | |
|---|---|------------------------|---------------------------------------|
| (Name of the Limited | l Liability Company as it now appears V Florida Limited Liability Company) | on our records.) | |
| , | . , , , , , , , , , , , , , , , , , , , | | 2 |
| THE SMAN (Name of the Limited Lia (Name of the Limited Lia Florida document number L200003443) This amendment is submitted to amend the follow | bility Company were filed on | 10/29/2020 | and assigned |
| Florida document number L200003443 | 44 | | |
| - What decement hamour | · | | 1 |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of | the limited liability company he | <u>re</u> : | PH 6: |
| | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the de | signation "LLC" or the | abbreviation "L.L.C." |
| | | | |
| Enter new principal offices address, if applica | ple: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | ···· |
| | | | |
| Enter new mailing address, if applicable: | | | |
| ••• | | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | . | |
| | | | |
| | | | |
| B. If amending the registered agent and/o | | our records, ente | r the name of the nev |
| registered agent and/or the new registered off | ice address here: | | |
| | | | |
| Name of New Registered Agent: | | - | · · · · · · · · · · · · · · · · · · · |
| N 0 1 100 A 11 | | | |
| New Registered Office Address: | Enter Flor | da street address | |
| | | F91 | |
| | City | , Florida _ | 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> | Name | Address | Type of Action |
|------------------|----------------------|-----------------|----------------|
| RA FUJAS, JAVIER | FUJAS, JAVIER | 1814 C DIAMA ST | |
| | | TAMPA, FL 33610 | D Remove |
| | | | □ Change |
| ·RA | TAMAYO POJAS, JAVIEŁ | 1814 E DIANA ST | |
| | | TAMPA, FL 33610 | [] Remove |
| | | | Change |
| AMER | TAMAYO FORAS, JAMER | 1514 & DIAMA ST | d Add |
| | | TAMPA, FL 33610 | ☐ Remove |
| | | | Change |
| | | | Add |
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| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an Note | ctive date, if other than the date of filing: |
|) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed. |
| Date | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Javier Tamayo Rojas. Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00