K21000161214

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(Ac	ldress)	
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COVER LETTER

		h System, LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ill correspor	ndence concerning this matter	to the following:			
		Robert N. Hering, Jr				
		Name of Person				
		Smart Health Systems, LLA				
	Firm/Company					
	180 Nautica Mile Drive					
Address						
		Clermont, Florida 34711				
		City/State and Zip Code bhering53@gmail.com				
		E-mail address: (t	o be used for future annual report not	ification)		
For further info	ormation co	oncerning this matter, please ca	ill:			
Robert N. Her	ring. Jr.		321 229-4488			
	Name of	Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a c	check for the	e following amount:				
□ \$25.00 Fil	ling Fee	S30.00 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)		
	ing Address		Street Address: Registration Se	ection		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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 HEALTH SYSTEM, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of L21000161214	April 07, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
SMART HEALTH SYSTEMS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	15
	LE.
Enter new mailing address, if applicable:	·
••	Total
	22:
	
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	Florida
Cin	

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
.			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			Remove
			□ Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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. APRIL 21 Dated _____

Signature of a member frauthorized representative of a member

Typed or printed name of signee

Robert N. Hering, Jr.