

121 000352875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. BUTLER

JAN 27 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smart Enterprise Investments, 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:

Farah Smart / Tristen Smart  
Name of Person

Firm/Company

12310 Tattersall Park Lane  
Address

Tampa, FL 33625  
City/State and Zip Code

Mrs. Farah Smart@gmail.com / Tristenksmart@ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Farah Smart at (248) 904 7435 / 313 410 483  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

\_\_\_\_\_  
(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 08-05-2021 and assigned  
Florida document number L21000352875

This amendment is submitted to amend the following:

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

\_\_\_\_\_  
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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Farah Smart

New Registered Office Address:

12310 Tattersall Park Lane

Enter Florida street address

Tampa

City

Florida

33625

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>
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MGR	Tristan Smart		
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12310 Tattersall Park Lane Tampa, FL 33625	<input checked="" type="checkbox"/> Add
---	---

	<input type="checkbox"/> Remove
--	---------------------------------

	<input type="checkbox"/> Change
--	---------------------------------

MGR	Farah Smart		
(	Remove	)	

12310 Tattersall Park Lane, Tampa, FL 33625 Farah Smart	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
--	---

	<input type="checkbox"/> Change
--	---------------------------------

	<input type="checkbox"/> Add
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	<input type="checkbox"/> Remove
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	<input type="checkbox"/> Change
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	<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove Forch Smart as manager or authorized member.  
The owner and manager should be Tristan Smart.

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.

Dated January 3rd, 2022.

T. Smart

Signature of a member or authorized representative of a member

Tristan Smart

Typed or printed name of signee