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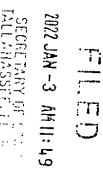
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COVER LETTER

TO: Registration Sect Division of Corpo			
su bject : <u>2</u>	en Home Cl Name of Limi	Canina, LLC ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Rafae	Name of Person	
		Firm/Company	
	1601 N	23rd Ave	
	Hollywo	ocd FL 33020 City/State and Zip Code	
	Smart o E-mail address: H	to boused for future annual report notifi	Cation)
For further information con	cerning this matter, please ca	alt:	
Rafael Name of P	<u>No ta</u>		U889 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Sec	
Division of Cor P.O. Box 6327	porations	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Zen Home Cle	2022 JAN -3 AM 11: 49
(Name of the Limited Liability Company	was it now appears on our records.) CRE LARY OF STATE ability Company) TALL AHASSEE.
(A Florida Limited Li	ability Company) IALL AHASSEL. 11
The Articles of Organization for this Limited Liability Company v	were filed on O9 14 21 and assigned
Florida document number <u>L 21 000406037</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Smart Guus 110	
Smart Guys, LLC The new name must be distinguishable and contain the words Climited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1601 N 23rd Ave
(Principal office address MUST BE A STREET ADDRESS)	Hollywood FL 33020
	J
Enter new mailing address, if applicable:	1601 N 23rd Ave
(Mailing address MAY BE A POST OFFICE BOX)	Hollyward FL 33020
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	0
Name of New Registered Agent:	afael Mota
New Registered Office Address: \\O	N 23rd Ave
	Enter Florida street address
_ Hollyu	Noved Florida 33020
IJ	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.

f 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>	Address	Type of Action
MGR	Ocampo, Wene	27730 Sugar Loaf Drive	□ Add
		Wesley Chapel FL 3354L	<u>Exemove</u>
			□Change
MUR	Mota, Rafael	1601 N 23rd Ave	_ Add
		Hollywood FL 33020	Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

Page 2 of 3

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:
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 De cember 29 th , 2021 Signature of a member or authorized representative of a member
Rafael Muta Typed or printed name of signee

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