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Certified Copies	Certificates	s of Status
Second Instructions to Elli	- Officer	
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Office Use Only



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A. BUTLER DEC 2 2 2021

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: Sma	rt Homes	110011195	<u></u>
	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Nobel	Adili	
	Smart H	Name of Person Lomes Holdings Firm/Company	llc
	129 Ma	radiculands Da	<u>`</u>
	West Palm &	Recich Fl. 334 City/State and Zip Code	411
	Mobela 1. E-mail address: (to be used for future annual report notification	on)
For further information co	oncerning this matter, please c	all:	
No be /	Person	at 56/ 201- Area Code Daytime Tek	6600 ephone Number
		•	•
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & - Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 BEC 17 AM 74 OU

SMART HOMES HOLDINGS LLC	202	OBCAT AM FOU
(Name of the Limited Liability Company (A Florida Limited Liab	is it now appears on our records. ility Company)	- STATE
The Articles of Organization for this Limited Liability Company we	re filed on 10/19/21	and assigned
Florida document number L21000454669		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y 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 addingent and/or the new registered office address here:	ress on our records, <u>enter t</u>	he name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
P	NOBEL ADILI	129 MEADOWLANDS DRIVE	
		ROYAL PALM BEACH, FL 33411	■ Remove
		129 MEADOWLABNDS DRIVE	☐ Change
VP	JOAN AMORUSO	ROYAL PALM BEACH, FL 33411	□Add
MGRM	NOBEL ADILI	129 MEADOWLANDS DRIVE	
		ROYAL PALM BEACH,FL 33411	□Remove
		129 MEADOWLANDS DRIVE	= Change
MGRM	JOAN AMORUSO	ROYAL PALM BEACH, FL 33411	□ Add
			Петюче
			□Change
			□ Add
			□Remove
			□ Change
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	AMENDMENT TO TIT	LE IV OF ARTIC	LES OF ORGANIZ	ATION	
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Effect	ive date, if other than	the date of filing	g:		(optional)
(If an of	fective date is listed, the date	must be specific and	d cannot be prior to date	of filing or more than 9	(optional) O days after filing.) Pursuant to 605.02
	ent's effective date on the			tatutory ming require	ments, this date will not be listed
-					
he recor ord is fi		ective date, but not	t an effective time, a	t 12:01 a.m. on the ca	rlier of: (b) The 90th day after th
oi u is ii	icu.				
	DECEMBER 13	, ,	2021		
Dated	——————————————————————————————————————		,		
	1/4/11	1/1/			
	[17 [VIII] H	4/4//		· · · · · · · · · · · · · · · · · · ·	
		// /07-Amatrima of a	member or authorized	representative of a mem	her

Typed or printed name of signee



___ 2021 DFO 17 AM 7:43

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2021

NOBEL ADILI 129 MEADOWLANDS DR. WEST PALM BEACH, FL 33411

SUBJECT: SMART HOMES HOLDINGS LLC

Ref. Number: L21000454669

We have received your document for SMART HOMES HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00029483

Anissa Butler Regulatory Specialist II

www.sunbiz.org