Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART OPERATOR SOLUTIONS ORLANDO LLC

Certificate of Status	0
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To: 18506176383 From: 19165767036 Date: 11/10/21 Time: 8:55 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART OPERATOR SOLUTIONS ORLA	ANDO LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recorgs.  (ability Company)				
he Articles of Organization for this Limited Liability Company were filed on 10/19/2021 and assigned document number 1.21000455195					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	614 E HWY 50 #355,				
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL 34711				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	614 E HWY 50 #355.  Clemont, FL 34711  address on our records, enter the name of the new registered				
Name of New Registered Agent:  New Registered Office Address:					
	Enter Florida street address Florida				
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fämiliar with and provided for in Chapter 605, F.S. Or, if this document is				

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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
AMBR	Matt Parkinson	614 E HWY 50 #355	🗀 Add
		Clermont, FL 34711	□Remove
			🗅 Add
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			□ Change
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		<u> </u>					AMBO: 4
Effective If an effective Note: If i	date, if other than the over date is listed, the date must he date inserted in this blo	late of filing:	not be prior to dat	of filing or more t	(optio	nal) bling ) Pursuant date will not b	to 605,020 be listed a
document'	's effective date on the De	partment of State	's records.	initially initially	<b>4</b> ( , , , , , , , , , , , , , , , , , ,		
e record sp rd is filed.	pecifies a delayed effective	date, but not an e	ffective time, a	. 12.01 a.m. on t	ne earlier of. (b)	The 90th da	y after the
Dated	November 4	<u></u> ,	2021				

Filing Fee: \$25.00