K21000 H69 H49

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2022 MAR -7 AM 7: 05 SECRE DAY OF STATE

A. BUTLER

COVER LETTER

TO: Registration Section Division of Corpo					
Smn (+ Benutu	Corp 110			
SUBJECT: _ Small	Name of Lim	nted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Evgeniya Vasilchenko Name of Person				
	_	Firm/Company			
	4111 5	Ocean Drive # 16	10		
		Address			
	Hollywood.	Florida 33019 City/State and Zip Code			
	1	City/State and Zip Code			
	vasilchenko	evenius @ mail. com			
	E-mail address: (to be used for future annual report notifical	tion)		
For further information con-		all:			
Oleksii Bazt	nynov	at (818) 423 903 Area Code Daytime Te	58		
Name of Pe	erson	Area Code Daytime Te	elephone Number		
Enclosed is a check for the f	following amount:				
¥1 \$25.00 Filing Fee	□ \$30.00 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)		
Mailing Address:		Street Address:			
Registration Sec	etion	Registration Section	on		
Division of Cor	porations	Division of Corpo			
P.O. Box 6327 Tallahassee FI	37314	The Centre of Tall 2415 N. Monroe S			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

	1.1.7	2022 HAR -7 AM 7	: 06
Smart Beauty Co	ire, LLC	<u> </u>	AT C _
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appea Limited Liability Company)	ars of our records) / OF ST	FL
The Articles of Organization for this Limited Liability Co	impany were filed on $ar{ar{ar{ar{ar{ar{ar{ar{ar{ar$	uctoder 20, 2021	and assigned
Florida document number	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	nere:	
Realt Investments LLC			
The new name must be distinguishable and contain the words "I imi	ed Liability Compuny," the	designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
• •	ECC)	, , , , ,	
(Principal office address MUST BE A STREET ADDR	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the name of</u>	the new registered
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fle	orida street address	
		, Florida	Zip Code
	City	-	Lip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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Note:	tive date, if other than the date of filing: 03/03/2022 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ord is f	
Dated	February 02 20%/ Signature of a member or authorized representative of a member

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Filing Fee: \$25.00