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Office Use Only

A. RIVERS
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COVER LETTER

TO: Registration S Division of Co			
PROPER'	TYSMART REAL ESTATE. LI	a.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DON PINGARO		
		Name of Person	 -
	PROPERTYSMART REA	AL ESTATE, LLC	
		Firm/Company	
	10837 GARDEN RIDGE	COURT	
		Address	
	DAVIE, FLORIDA 3332	8	
		City/State and Zip Code	
	donnie.pingaro@sideinc.co		
For further information	e-man address. (to be used for future annual report noti all:	meanon)
Don Pingaro		305 389-2922 at()	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63:	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTYSMART REAL ESTATE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	The manual families of the manual forms
The Articles of Organization for this Limited Liab	oility Company were filed on 11/15/2021 and assigned
Florida document number 1.21000487088	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B)	ON)
B. If amending the registered agent and/or regagent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address	mere.
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Emer Florida street address
	Timo Parada siterada ess
New Registered Agent's Signature, if changing Re	·
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address. Thereby confirm that the limited liability lange.

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>	Address	Type of Action
MGR	JACOB LYMAN	10837 GARDEN RIDGE COURT	= \(\tag{\tau} \)
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lf an effec <u>Note:</u> H	e date, if other than the on tive date is listed, the date must if the date inserted in this blo but's effective date on the De	be specific and c ck does not me	annot be prior to det the applicable	date of filing or more statutory filing	optic e than 90 days after requirements, this	filing.) Pursuant to 6	05.0207 (sted as t
e record d is filed	specifies a delayed effective d.	date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b) The 90th day at	ter the
Dated _	December 29	·	2021				
	Dog P						
	70012 71	i agus a					
	7,00,10	Signature of a mo	ember or authoriz	ed representative o	l'a member		