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COVER LETTER

то:	Registration Section Division of Corporations		RECEIVED
SUBJE		+ MARCITE mited Liability Company	1 L C 2022 FEB -9 AM 8: 01
The enc	losed Articles of Amendment and fee(s) are su	bmitted for filing.	SECRE LANY OF STATE TALLAHASSEE, FL
Please r	eturn all correspondence concerning this matte	r to the following:	
	QUOTISH	Name of Person	
	SMOOTHF	IN ISH MARC	ITE LLC
	803 1471	STREET EART	
	PAUMETTO	FL34221 City/State and Zip Code	-4150
	Quotisha 198	33 e amail a	notification)
For furth	er information concerning this matter, please of	rall:	
JO	Name of Person	at (Area Code) Da	81-9135 ytime Telephone Number
	is a check for the following amount:		
\$25.0	00 Filing Fee S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMOOTH FI	NISH	MARCITE		2022	
(i value of the Day	(A Florida Limited	any as it now appears on o Liability Company)	1 E		
The Articles of Organization for this Limited Florida document number 122000	Liability Company	were filed on 1	5 22 <u>#</u>	ond ass	inned
This amendment is submitted to amend the following	lowing:			0	
A. If amending name, enter the new name	of the limited liab	oility company here:	ř		
The new name must be distinguishable and contain the	words "Limited Liab:	lity Company," the designat	ion "LLC" or the abb	reviation "L. A b (OC)	L.C."
Enter new principal offices address, if appli	cable:	OMUUITI I	11/7/211	MAC	TF IN
(Principal office address MUST BE A STRE	ET ADDRESS)	PALMETTI	JREL 1-1 2, FL342	45) 221 - L	1150
Enter new mailing address, if applicable:		SMOOTH	FINTSH N	MARC	TTILL
(Mailing address MAY BE A POST OFFICE	(ROX)	ANS IUTIST	PHIP	<u>7</u>	<u>a-11.</u>
	<u></u>	PALMETTO	FL 1342	21-4	165
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : ess here:	address on our record:	s, enter the name	of the new	r registered
Name of New Registered Agent:	JOEY	DUNLAP			
New Registered Office Address:	803 1	4TH STRFE Enter Florida stre	EAST we address		
	PALME	City	, Florida	34 <u>22</u> Zip Code	14100

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 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 Type of Action Address Title Name QUINLINS. JOHN 2517 4TH AVE E DAG PALMETTO, FL34221 PREMOVE □Change 803 14TH STREET E GAND DUOTISHA RHODE PALMETTO, FL 34221 Remove _____ □ Change _____ □Change _____ □Remove

	
(If an et Note:	ive date, if other than the date of filing:
the record cord is fi	d 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 led.
Dated	2ND OF FEB 2022
	Signature of a member or authorized representative of a member