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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SMOOT	TH MEDIA HOUSE LLC		
	Name of Lim	ited Liability Company	
! I'he enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ANDRES HURTADO		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	PRODEZK INC		
		Firm/Company	<del></del>
	848 BRICKELL AVE STI	E 950	
		Address	
	MIAMI, FLORIDA 33131		
	<del></del>	City/State and Zip Code	
l	INFO@PRODEZK.COM		
	E-mail address: (	to be used for future annual report no	tification)
For further informatio	n concerning this matter, please c	all:	
ANDRES HURTADO	)	+1 786977942	1
Natr	ne of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$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)
P.O. Box 6	n Section f Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMOOTH MEDIA HOUSE LLC		
l e e e e e e e e e e e e e e e e e e e	lability Company as it now appears on our	records.)
(A)	lability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L22000187833	<u></u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
SMOOTH DIGITAL AGENCY LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
l		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
1		
B. If amending the registered agent and/or regis		enter the name of the new registered
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
Mana Phaireanad Office Addison		
New Registered Office Address:	Enter Florida stree	t address
		F1 ' 1
-	City	Florida 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 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 = Ma $AMBR = Au$	nnager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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cord specifies a delayed effecti	ive date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after the
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Filing Fee: \$25.00