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Clarina Land

COVER LETTER

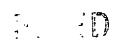
Tallahassee, FL 32314

TO: Registration S Division of Co			
SMPPT L SUBJECT:	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	CHARLES SERFATY		
		Name of Person	
	SERFATY LAW FIRM		
		Firm/Company	inter filing. Illowing: Interpolation Interpolat
	4770 BISCAYNE BLVD	SUITE 1430	
		Address	
	MIAMI, FL 33137		
		City/State and Zip Code	
	CSERFATY@SERFATYL		·
For further information	concerning this matter, please c	ř	incation)
	concerning this matter, please c		
SIOLY RODRIGUEZ		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
<u>Mailing Addre</u> Registration		Street Address:	ution
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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SMPPT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/25/2022 and assigned Florida document number 1.22000196421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ENZO ROSANI	444 NE 30TH ST UNIT 607	□ Add
		MIAMI, FL 33137	≣Remove
			□Change
AMBR	MARTINE DUPONT	444 NE 30TH ST UNIT 607	□ Add
		MIAMI FL 33137	□Remove
		CHANGE TO AMBR	■Change
			□Remove
		-	□Change
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MA	Y 26			2022					
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Filing Fee: \$25.00