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RECOUNTY AMIL: 03

A. BUTLER AUG 17 2022

COVER LETTER

то:	Registration Sect Division of Corp			
	Smart Trans,	LLC		
SUBJE	CCT:	Name of Limite	ed Liability Company	
		amendment and fee(s) are subm		
Please	return an correspon	dence concerning this matter to		
		Robert Walker		
			Name of Person	
		Smart Trans, LLC		
			Firm/Company	
		7516 Meadow Drive		_
			Address	
			City/State and Zip Code	
		Tampa, Fl. 33634	o be used for future annual report notific	cation)
For fu	urther information c	oncerning this matter, please co		
Wayı	ne De Leon		917 763-5576 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for t	he following amount:		
≅ \$	325.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suitc 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		1718 Same (mg/
SMART (RA.	NS HC	2022 AUG 17 AH 11: 16
(Name of the Limited Liability C (A Florida Li	Jompany as it now appears on o nuted Liability Company)	our records.)
	, , , , ,	THE COLD OF STATE
	•	filed on
Florida document number <u>/</u>	50	
The Articles of Organization for this Limited Liability Company were filed on		
The Articles of Organization for this Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 22002/150 This amendment is submitted to amend the following: A. If amending name, enter the new name of the 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 MIST BE A POST OFFICE BOS) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Florida		
The part page the de tinguidable and contain the words "I writed	I Liability Communy "the decion	tion "I I C" or the abbreviation "I I C "
the new name man be distinguishable and contain the words. Entitle	a diagracy company, and designa	min and write above thirty E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our recor	ds, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Now Projection of Office Address of		
New Registered Office Address.	Enter Florida si	reet address
		klarida
	City	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 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>	Name	Address	Type of Action
AMBR	Robert Walker	7516 Meadow Drive	■Add
		Tampa, FL 33634	□Removc
			Change
AMBR	Gary Walker	7516 Meadow Drive	DAdd
		Tampa, FL 33634	≅Rcmove
			[] Change
			□ Remove
			□Change
			☐Add
			□Remove
			□Add
			□Remove
			Change
			\Add
			Remove

Effective date, if other than the date of filing: Ime 30, 2022 [optional] In effective 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. Exercord 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 distinct of the field. Dated August 15 Signature of a member or authorized representative of a member		
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