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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JB SMART FINANCIAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

÷ 2022 ALL AZ To: 18506176383 From: 12147128131 Date: 08/22/22 Time: 1:14 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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:	

·	OF	
JB SMART FINANCIAL SERVICES LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number 1.22000335356	npany were filed on <u>07/29/2022</u>	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	d liability company here:	
JB Smart Accounting Services LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		·
	<u></u>	<del> </del>
	CC*	of the new registers.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the s</u>	> 20 20
		AF 2022 AUG SECRETA
Name of New Registered Agent:		200 AF
New Registered Office Address:		ANA PRO PRO PRO PRO PRO PRO PRO PRO PRO PRO
	Enter Florida street address	ES D
	Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

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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			(((1122000203224 0)
<u>Title</u>	Name	Address	Type of Action
<del>.</del>			
			□Change
			□ Add
			□Remove
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				<del></del>
		·		
ffective date, if other than the of smelfective date is listed, the date must sold. If the date inserted in this bloodument's effective date on the De	ock does not meet the appartment of State's reco	pplicable statutory film ords	g requirements, this date	e will not be listed as
record specifies a delayed effective his filed	date, but not an effecti	ve time, at 12.01 a.m.:	on the earlier of. (b) 1	he 90th day after the
August 15th	2022			

Typed or printed name of signee

Jacqueline Smart

Filing Fee: \$25.00 (((H22000283224 3)))