L22000366625

(Req	uestor's Name)	
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SECRETARY OF STATE

COVER LETTER

	Registration S Division of Co			
CHB IF		ET SMART LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		STEPHEN T. PALMER		
			Name of Person	
		PALMER FINANCIAL C	ONSULTANT, INC.	
			Firm/Company	
225 NE MIZNER		225 NE MIZNER BLVD,	#240	
			Address	
		BOCA RATON, FL. 3343	2	
			City/State and Zip Code	
		SPALMER@PALMERFIN		-
For furth	ar information	ti-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
STEPHE	EN T. PALME	R	800 471-2998 at ()	
	Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for	the following amount:		
□ \$ 25.0	00 Filing Fce	■ \$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)
	Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
		Corporations	Division of Co	•
	P.O. Box 63 Tallahassee.		The Centre of T 2415 N. Monro	rananassee se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONVERT SMART 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 $\frac{08/19/2022}{1}$ and assigned Florida document number L22000366625 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 "L.L.C." 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 registive agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FRANK A. CHRISTIANO, III	408 NW 72 STREET, BOCA RATON, FL 33487	□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			©Change
			□Add
			□Remove
			□Change

DANIEL V. CHRISTIANO,	AMBR is correct and stays the same.	
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		-
		•
ective date, if other than the	date of filing: (optional) t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5 A 3 A 5
te: If the date inserted in this blooment's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be list	ed as
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
NOVEMBER 1	2022	
1/2		

Filing Fee: \$25.00

Typed or printed name of signee