Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000345483 3)))



H220003454833ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 SMARTAGROBUSINESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APPROVED AND FILED 2022 OCT -7 AM 8: 51

2822 OC 11 Ci 4: 3

DocuSign Envelope ID: 4949364B-4255-4AC5-9557-2C436561F6C6

SMARTAGROBUSINESS LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000422320	were filed on 09/29/2022 and assigned		
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7389 SW 162ND CT		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33193		
Enter new mailing address, if applicable:	7389 SW 162ND CT		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33193		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida stree! address Florida City: Zin Code		
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		

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.

DocuSign Envelope ID: 49493648-4255-4AC5-9557-2C436561F6C6
II amenuing Authorized rerson(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
MGR	CARLOS	7389 SW 163 CT	
		MIAMI, FL 33193	·
			□ Change
MGR	VICTOR M. ARBOLEDA	7389 SW 162ND CT	□ Add
		MIAMI, FL 33193	□ Remove
			■ Change
MGR	MIGUEL A. RODRIGUEZ	7389 SW 162ND CT	
		MIAMI, FL 33193	□Remove
		<u> </u>	€ Change
		•	□Add
			□Remove
			☐ Change
			□Remove
			🗀 Change
		·	□Add
			□Remove
			Change

DocuSign Envelope ID: 4949364B-4255-4AC5-9557-2C436561F6C6

_	
_	
-	

-	
_	
_	
_	
	•
_	
_	
ote:	e date, if other than the date of filing: (optional) tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record d is file	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 d.
Dated _	0/7/2022
/atou _	Docustened by:
	Bi3C48D2A2984;9 Signature of a member or authorized representative of a member
	Victor Arboleda