

L22000481773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

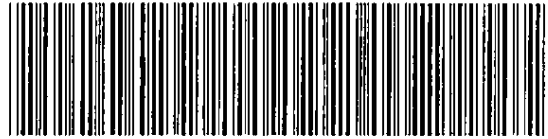
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TALLAHASSEE, FL 32399

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JUL 11 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART KEV FX 22 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN CONSONNI

Name of Person

SMART KEV FX 22 LLC

Firm/Company

7601 E. TREASURE DR APT 1217

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

consokev@icloud.com

E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEFANIA C. FUENTES

305 879-9758
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

KEVIN CONSONNI
SMART KEV FX 22 LLC
7601 E. TREASURE DR, APT 1217
NORTH BAY VILLAGE, FL 33141

SUBJECT: SMART KEV FX 22 LLC
Ref. Number: L22000481773

We have received your document for SMART KEV FX 22 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 523A00018789

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SMART KEY FX 22 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 11/09/2022 and assigned
Florida document number 122000481773.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT APPLICABLE

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7601 E TREASURE DR APT 1217

(Mailing address MAY BE A POST OFFICE BOX)

NORTH BAY VILLAGE, FL 33141

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:

KEVIN CONSONNI

New Registered Office Address:

7601 E TREASURE DR APT 1217

Enter Florida street address

NORTH BAY VILLAGE

City

Florida 33141

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

SECRETARY, Elmington,
TALLAHASSEE, Florida.

E. Effective date, if other than the date of filing: N/A (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 25 2023

Signature of a member or authorized representative of a member

KEVIN CONSONNI

Typed or printed name of signee

Filing Fee: \$25.00