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(Re	equestor's Name))
(Ác	ldress)	
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(Ci	ty/State/Zip/Phon	ne #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE SMAR Name of Limite	ST RISING LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
RYAN	SMART Name of Person
THE SMAP	Firm/Company
66 LI Flagli	er Street, Suite 900
Miami, FL	33130 City/State and Zip Code
thesmartrisic	heard for future and all report notification)
For further information concerning this matter, please call-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RYAN SMART Name of Person	City/State and Zip Code All Common C
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Cornerations	Division of Cornerations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Smart Risia	na LLC	
(Name of the Limited Liability Com (A Florida Limited	pany at it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>Z2300038052</u> .	ny were filed on <u>OI Ə</u>	0/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		2023 S C C
		(2) 가 독점
		500 and
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The property
		STA G
		. E 9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street aa	ldress
		. 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

(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>	<u>Name</u>	Address	Type of Action
AMBR	DEJA MAJOR	66 LI Flagler Street	□Add
		56 LI Flagler Street Suite 900, Miami, FL	Remove
		33130	□Change
			DAdd
			□Remove
		NILL AILLS	Change Change Change Change Change Change Change
			Change
			□Remove
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n effective date is te: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	pecific and c loes not me	cannot be prior to cet the applicat	date of filing or ole statutory fil	more than 90 daing requiremen	(option lys after fil lits, this d	ing.) Pur	suant to (not be l	605.0207 listed as
ecord specifies is filed.	a delayed effective dat	e. but not a	in effective tim	e, at 12:01 a.n	n. on the earlie	r of: (b)	The 90	th day a	iter the
ted	February	<u>6</u> .	2023	<u>.</u> .			SECR	2023 FEB O	
	Sian	ature of a m		Zed representati	ve of a member)	<u> </u>	5
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