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COVER LETTER

TO:

Registration Section

Division of Corp			
CHRIECT.	Smart	Remodeling EL, L	LC
SUBJECT:	Name of Lim	ited Liability Company	
. The enclosed Articles of r	Amendment and fee(s) are sub	mitted for filing.	
-Please return all correspon	ndence concerning this matter	to the following:	
	Elia	n 6 Lopez Jimen G	
		Firm/Company	2023 (C.T.) - 8
	301 NW	3sth Ave 3	
	Pompano	Seoch FL 33064 City/State and Zip Code	<u>/</u>
	E-mail address: (City/State and Zip Code USTA 100 e 7778 @ to be used for future annual report notification	6mail.com
For further information co	oncerning this matter, please c	dl:	
Elian Name of	Person	at (305) 402 - 9 Area Code Daytime Tele	590 phone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions nassec eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Nemode (Name of the Limited Liability of	Company as it now appears on our records.	•)
(A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Con	·	23 and assigned
Florida document number <u>L 23000 / 8 97</u> 9	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	J Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
(Principal office address MUST BE A STREET ADDRES	S.S)	
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Stating duaress MAT BE A FOST OFFICE BOA		
		<u> </u>
B. If amending the registered agent and/or registered o	dfice address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:	The littless on our records <u>enters</u>	ne mane or en a regionales
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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>		Addre	<u> 288</u>			I vpe of Action
MGR	Miriam	Nohemy	Polanco	301 NU	U 3sth	Ave.	_ [Add
		·		Unit 3	Pompano	, Beach	FL 33064 _ □Remove
							□Change
							□Add
					. · · •		□Remove
							_ Change
						•	_ □Remove
			·				□Change □Add
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							□Change

	
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	<u> </u>
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the application.	to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective tir filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
04-26 2023	<u> </u>
6 11	