L23000305559

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	· · · · · · · · · · · · · · · · · · ·
ertified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





600412001836

07/11/23--01808--008 **25.00

SECRETARY OF STATE



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Smart March Rad Estete, L. Name of Limited Liability Company	LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Matt Jearcon Name of Person	
Firm/Company 2320 Eagle Porch Pl.	
Address Flowing Island FL City/State and Zip Code Mucarc 9 B gnail. Can	32003
City/State and Zip Code Mucarc Google Grand Code E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	
Name of Person at (So4) 23 Name of Person Area Code II	Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \text{\$\subseteq}	☐ S60.00 Filing Fee, Certificate of Status &
(additional copy is enclosed	
Mailing Address: Street Address Registration Section Registration	
	f Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ment loves Ke	al Estate,		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
·	_		
The Articles of Organization for this Limited Liability Company	y were filed on <u></u>	26.23	and assigned
Florida document number <u>L23 000 30559</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbrevia	ntion "L.L.C."
Cutan and action of affices address if applicables			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		>0	~ ~~
			72
		AHA AHA	
Enter new mailing address, if applicable:		SS	= =
(Mailing address MAY BE A POST OFFICE BOX)			اللا هـ
			3 C
			<u> </u>
B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of t	<u> </u>
agent and/or the new registered office address here:		<u> </u>	
Name of New Registered Agent:			
		•	
New Registered Office Address:	Enter Florida s	treet address	
			
		, Florida	n Code
New Registered Agent's Signature, if changing Registered Agent:	•	• • • • • • • • • • • • • • • • • • • •	Cone
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Chap	duties, and I am famil oter 605, F.S. Or, if thi	iar with and s document is

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
MGR	William Davis	SG8 pin oak C+	textdd
		SGB pin oak C+ Green Care Springs FL	□Remove
		32043	□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change

A	Lina 1	William	Devis	29	Ocethar	· i~	Smort	Macs
<u></u>	07	Ecus	Devis , LLC					
	heal	OSHORE	, uu					
								<u>-</u>
								
								
					_			
								<u> </u>
								
								-
			72.					<u> </u>
						-		
			 					
					 			
		<u>. </u>	<u></u>					
ffective d If the conent's e	ate is listed, the date inserted ffective date	l in this block decorts on the Departs	pecific and cannot be oes not meet the ment of State's ro	pe prior to di applicable ecords.	statutory filing	g require	ments, this da	al) ng.) Pursuant to 60: tte will not be list The 90th day afte
filed.								
1	7.2	-23	,	·				As.
		Siam.	ture of a member of	nr authoris	d representative	of a marri	har	17. EC.
		Signa	ture of a member (aumorize	a representative	oi a mem	oci	HAN HAN
	^	\	1					
	M	244h2.	Lows					SSE SSE
_	M	244 hew	Typed o	or printed na	ame of signee			SSEE FLO