LZ3000336391

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COVER LETTER

TO:	Registration So Division of Cor		4 ,	
CHD IEZ		RTER LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ALEXANDRA CAROSIC)	
		:\lexandra	Name of Person	
		. reputition	Firm/Company	
		7751 NW 107 AV APTO 1	314	
			Address	
		DORAL FL 33178		
			City/State and Zip Code	
		ednamora65@hotmail.com E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please e		
Edna Mo	ога		305 7637667	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	he following amount:		
□ \$ 25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	

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

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

2023 SEP _5 AM 8: 24

BUY SMARTER LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liab	ility Company were filed on 07/17/2023	and assigned
Florida document number 1.23000336391	<u>,</u> .	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
R If amending the registered agent and/or reg	vistered office address on our records, e	ater the name of the new regists
B. If amending the registered agent and/or reg agent and/or the new registered office address I		nter the name of the new registe
		nter the name of the new registe
		nter the name of the new registe
agent and/or the new registered office address I Name of New Registered Agent:		nter the name of the new registe
agent and/or the new registered office address l		
agent and/or the new registered office address I Name of New Registered Agent:	here: Enter Florida street a.	

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>	Address	Type of Action
MGR	EDNA MORA	7751 NW 107 AV APT 314 DORAL, FL 33178	🗆 Add
			=Remove
			□Add
			□Remove
			□Change
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			□Change
			□Add
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	08/30/2023
`an ef	tive date, if other than the date of filing:
reco	rd 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 iled.
locun reco d is fi	os/30/2023
locun	08/30/2023 Alexandra Carosto.
locun reco d is fi	08/30/2023

Filing Fee: \$25.00