Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIDET SMART LLC**



Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIDET SMART LLC				
(Name of the Lim)	ted Liability Comps (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 09/20/2	023	and assigned
Florida document number L23000437009	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	vility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ntion "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable:		4369 SW 10TH PLA	CE SUITE 202	27
(Principal office address MUST BE A STRE		DEERFIELD BEACI	H FL 33442	
				<del></del>
Enter new mailing address, if applicable:	4369 SW 10TH PLA	CE SUITE 202	<u>:</u>	
(Mailing address MAY BE A POST OFFICE BOX)		DEERFIELD BEACI	H F1. 33442	Ö
				.2
B. If amending the registered agent and/or agent and/or the new registered office address.			ds, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:				
New Registered Office Address:	4369 SW 10TH	H PLACE SUITE 202  Enter Florida st	reet address	
			, Florida	442
		City	, Florida	Zio 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.

Jane Espirito Sauto
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>	Name	Address	Type of Action
AMBR	ESPIRITO SANTO, JANE	4369 SW 10TH PLACE SUITE 202	[] Add
		DEERFIELD BEACH FL 33442	Remove
AMBR	SANTO, DECIO	4369 SW 10TH PLACE SUITE 202	
	DEERFIELD BEACH FL 334	DEERFIELD BEACH FL 33442	□Remove
			Change
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Nate: 1	f the date insert	er than the date on the date must be spec- ted in this block does are on the Department	s not meet the ap	plicable statuto:	ng or more than 90 or ry filing requirem	_ (optional) lays after filing.) Purs ents, this date will	not be listed as th
e record ord is file		ayed effective date, t	but not an effectiv	ve time, at 12:0	l a.m. on the earli	er of: (b) The 90t	h day after the
Dated _	NOVEMBE	R 02	2023	·			

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