L23000526591

(Re	equestor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
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ALLAHASSEE, FLORID

COVER LETTER

. ... Registration Section Division of Corporations

SMART HOMES SOLUTIONS, LLC

Name of Limited Liability Company

a losed Affeles of Amendment and fee(s) are submitted for filing.

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electure at, correspondence concerning this matter to the following,

YORDANO PAZ

Name of Person

SMART HOMES SOLUTION, LLC

Fum/Company

1055 NW 164TH AVE

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

DYALLSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

a distribution concerning this matter, please call:

YORDANO PAZ

Name of Person

at (<u>832</u>) <u>60</u> Area Code Da

_) <u>602-8711</u> e Daytime Telephone Number

set sucheck for the following amount:

s21 of 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 (nditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Faltabassee, FL 32314 Street Address: 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

FILED

2023 NOV 30 PM 2: 47 TALL AHASSEE. FLORIDA SMART HOMES SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) wactes of Organization for this Limited Liability Company were filed on November 27, 2023 and assigned e of do document number <u>L2</u>3000526597 includment is submitted to amend the following: . It amending name, enter the new name of the limited liability company here: SMART HOMES AND SECURITY SERVICES, LLC the characteristic participal offices address, if applicable: anapal office address MUST BE A STREET ADDRESS) r . (cr new muiling address, if applicable: and the address MAY BE A POST OFFICE BOX) 2. If amending the registered agent and/or registered office address on our records, enter the name of the new registered suct and or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Floridu street address

_____, Florida ______, Zup Code

(a) (Constructed Agent's Signature, if changing Registered Agent:

in a copt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the common of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and

calla onligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

When to merely reflect a change in the registered office address. I hereby confirm that the limited liability in may been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Promonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added sections our records:

• •

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....R Manager 1938 – Authorized Member

:	Name	Address	Type of Action
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			🗆 Remove
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 A frective date, if other than the date of filing:	ing.) Pursuant to 60		
 and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) and 	The 90th day aft	er the	

••	Or amending any other	information,	enter cha	inge(s) here:	(Attach additional	sheets, if	necessary.)
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 11/30/2023
(/)
V az
Signature of a member or authorized representer of a member
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YORDANO PAZ
Typed or printed name of signee