L23000555285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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· COVER LETTER · · · ·

TO: Registration Se Division of Cor		•	•	á á	
6 0	stments LLC			•	
ACCUMATION (1)		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Norlan Fernandez				
		Name of Person			
		Firm/Company		<u></u>	
	520 Alminar Avenue				
		Address			
	Coral Gables, FL 33146				
		City/State and Zip Co	de		
	Norlan24@gmail.com	to be used for future annu	and a solder a set Good		
For further information c	oncerning this matter, please o		an report normen		
Norian Fernandez		305	610-9994		
Name o	f Person	Area Code	Daytime Te	lephone Number	
Enclosed is a check for the	he following amount				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres			ı Address:		
Registration : Division of C		_	Registration Section Division of Corporations		
P.O. Box 632	27		Centre of Tall		
Tallahassee.	FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Investments LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were tiled on December 18, 2023	and assigned
lorida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
imart Investments NEJ LLC		
he new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered offic gent and/or the new registered office address here: 	e address on our records, <u>enter the ma</u>	me of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 Inanging 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	<u>Address</u>	Type of Action
			⊡Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

<u> </u>
filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (anot meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
t not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
2023
of a member or authorized representative of a member
111

Filing Fee: \$25.00