L24000014136

(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

OVER AN ANY		C SMARTTECH LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LEINY RUIZ		
		Name of Person	
	L AND C SMARTTECH	LLC	
	-	Firm/Company	
	3041 W 76 ST APT 210		
		Address	
	HIALEAH, FL 33018		
		City/State and Zip Code	
	ats241082@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
LEINY RUIZ		786 894 7012	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L AND C SMARTTE		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records i Limited Liability Company)	<u>~</u>)
The Articles of Organization for this Limited Liability C Florida document number L24000014136	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		024 ALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>, , , , , , , , , , , , , , , , , , , </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	ျှော် တ the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	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 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
AMBR	CERVERA, IDOLIDIA	3041 W 76 ST APT 210	
		HIALEAH, FL 33018	■Remove
			□Change
AMBR RUIZ, LEINY	3041 W 76 ST APT 210	≡ Add	
	HIALEAH, FL 33018	□Remove	
			☐ Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
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		_	□Add
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			□Remove
			□Change

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lf an ef <u>Note:</u>	tive date, if other than the date of filing:
	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 filed.
rd is fi	05/23/2024
rd is fi	05/23/2024
rd is fi	\mathcal{L}
ord is ti	Signature of a member or authorized representative of a member