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(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

	gistration Sec vision of Corp		· .	±0 ^{6€0} . •	• •
,,	Smart Scan 5	Solutions, LLC		* ***********************************	
SUBJECT:			ited Liability Company		
		mendment and fee(s) are sub	_		
Please return	i all correspon	dence concerning this matter	to the following:		
		David Ziruinikofi			
			Name of Person		
		Smart scan solutions, LLC			_
		-	Firm Company		222
		19355 Tumberry Way #16	iL		Zin', FEB
			Address		21
		Aventura, Florida 33180			
			City/State and Zip Code		
		Megaholdings@aol.com			ئد د ب
		n-mail address: (to be used for future annual report no	ofification)	
For further i	nformation co	ncerning this matter, please ca	aii:		
David Zirul	nikoff		305 244-3725		
	Name of	Person		me Telephone Number	
Enclosed is	a eneck for the	: following amount:			
\$25,00 (Filing Fee	S30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
<u>Nia</u>	mng Aggress		<u>Street Augress:</u>		
Re	gistration Se	ection	Registration S	ection	
	vision of Co		Division of Co	•	
	D. Box 6327		The Centre of		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on January 29, 2024	and assigned
lorida document number 1.24000054331		
	_	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •	ECC	
Principal office uddress MUST BE A STREET ADDRE	<u> </u>	77
		F (1)
nter new mailing address, if applicable:		~ ~
Mailing address MAY BE A POST OFFICE BOX)		
		بن بن
. if amending the registered agent and/or registered gent and/or the new registered office address here:	office augress on our records. enter the n	ame of the newderst
zent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, fierida	
	Ĉiţy	Zıp Code

If Changing Registered Agent, Signature of New Registered Agent

if amending Authorized rerson(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>Titie</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KONIK GROUP, LLC	19355 Turnberry Way #16L Aventura, Florida 33180) ■Add
			_ 🗆 Remove
			□Change
MGR	GADI. LLC	19355 Turnberry Way #161. Aventura. Florida 33180) □Add
			■ Kemove
			□Change
			_F ²² Add
		- :	Add FE Remove 1
			_ 🗖 Change
			_ ದ ∄ øi
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			_ □Řетюче
			Change

The date, if other than the date of filing: (Optional leaves date is used, the date must be specific and cannot be prior to date of filing or more than 50 days after filing if the date inserted in this block does not meet the applicance statutory filing requirements, this datem's effective date on the Department of State's records. It is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	
receive date is used, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records. The dispective date of the Department of State's records.	
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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 sour day after
February 6, 2024	
Signature of a member or authorized representative of a member	