LA400018A546

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C			
Smart Co	onstruXion		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	-	
	Jonathan Nalepa		
		Name of Person	
	Smart ConstruXion		
		Firm/Company	
	3299 Bird Ave - #4		
		Address	
	Miami, FL		
		City/State and Zip Code	
	33133 E-mail address: (to be used for future annual report notil	(ication)
For further information	concerning this matter, please ca		
Jonathan Nalepa	φ	786 277-3873	
	c of Person	at (e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Smart ConstruXion		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Con	npany were filed on 04-17-24	and assigned
Florida document number <u>L24000182546</u>	•.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	SS)	
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o	office address on our records, <u>enter t</u>	
gent and/or the new registered office address here:		٦
No. of the state o		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	-	rida
	Ciţ _i v	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Gregory S. McIntosh	PO BOX 11619 Fort Lauderdale, FL. 33339	
			Change
			□Add
			Change
			□Add
			□Remove
			Change :
			□Add
			Remove
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			Change

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fective date, if other than the date of fineffective date is listed, the date must be specifinte: If the date inserted in this block does recument's effective date on the Department	c and cannot be prior not meet the applic	able statutory filing) Pursuant to 605.020
ecord specifies a delayed effective date, bu is filed.	t not an effective t	ime, at 12:01 a.m. oi	n the earlier of: (b) The	e 90th day after the
ited June 4th	2024			
_/	// A///	u-		
	of many	orized representative o	Paramatan	