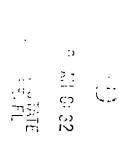
L24000370727

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ii. Huarr 25/05/24 CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/09/24 Order #: 1620114-1

Re: SMAT MANAGEMENT, PLLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SMAT MANAG	EMENT, PLLC			
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on AUGUST 23, 2024		and assign	ned
Florida document number L24000370727	·				
This amendment is submitted to amend the fol-	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbrevia	tion "L.L.(
Enter new principal offices address, if appli		600 WEST HILLSBORO BLVD			
Principal office address MUST BE A STREI	ET ADDRESS)	SUITE 600	-	 ' '	
		DEERFIELD BEACH, FLORIDA	A 33441 [°]		
			`.·.	j	
Enter new mailing address, if applicable:		600 WEST HILLSBORO BLVD	÷; :	Ċ)	
Mailing address MAY BE A POST OFFICE	BOX)	SUITE 600	in the	77	::
	<u> </u>	DEERFIELD BEACH, FLORIDA	A 33441	i çö	<u></u> ,
			L		
B. If amending the registered agent and/or in agent and/or the new registered office addre		nddress on our records, <u>enter the</u>	e name of ti	he new r	egistered
Name of New Registered Agent:					
New Registered Office Address:	600 WEST HIL	LSBORO BLVD, SUITE 600			
nen registered office Address.		Enter Florida street address			
	DEERFIELD B	EACH , Florid	da 33441		
		City		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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> __ □Remove _____ 🖂 Add _____ □Remove □Remove _ □Change Remove _____ Change _____ Change □Remove

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_(optional)
lays after filing.) Pursuant to 605.020 ents, this date will not be listed as
er of: (b) The 90th day after the

CSC AMEND-17207