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## **COVER LETTER**

TO:

TO:	Registrati Division o				
SUBJE	CT: CON	SUMER	EXPERTS SOLUTIONS L	LC	
				ited Liability Company	
The enc	losed Articl	les of Ar	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn all cor	rrespond	ence concerning this matter	to the following:	
			VEROUSCHKA KARIN		
				Name of Person	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			7979 W 25TH AVE UNIT	<del>_</del>	<del> </del>
				Address	
			HIALEAH, FL 33016		<del></del>
			CHEINITEAL HTIANEEVB	City/State and Zip Code	
			CREDITSOLUTIONSEXP E-mail address: (i	to be used for future annual report no	etification)
For furth	ner informa	tion con	cerning this matter, please ca		
VEROL	JSCHKA K	CARIN P	EREZ	at (786 ) 8280847	
	N	ame of Po	erson		me Telephone Number
Enclosed	l is a check	for the 1	ollowing amount:		
<b>≘ \$</b> 25.	00 Filing F	ee .	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A		rtion	Street Address:	action
	Registrat Division			Registration S Division of Co	
	P.O. Box		ı	The Centre of	
	Tallahass	see, FL	32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSUMER EXPERTS SOLUTIONS LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recorded Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on AUGUST 26, 202	and assigned
lorida document number L24000373905		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
SMART WISE CONSULTING LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		10241 TX
		25
nter new mailing address, if applicable:	23668 SW 115TH CT	SSE T
Mailing address MAY BE A POST OFFICE BOX)	PRINCETON, FL 33032	2: 2:
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter (</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
· · ·	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>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
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			□Remove
			🗖 Add
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ffectiv	e date, if other than the date of filing: 11/19/2024 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at the control of the date on the Department of State's records.
record Lis file	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 d.
ated 1	OVEMBER 19
	a la t

Typed or printed name of signee