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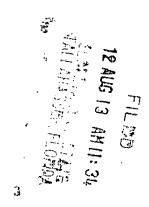
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer;	

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMART FINANCIAL SERVICES & ADUZSERY IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEROME MELEAN Name of Contact Person
SMART FINANCZAL SERVICES ADVISORY INC Firm/Company
4300 N. UNIVERSITY DRIVE # D-206
4300 N. UNIVERSZTY DRINE # D-206 Address LAUDERHZLL FZ 33351 City/ State and Zip Code
SMARTFINAN CIAL O 9 Q YAHOO · COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEROME MCLEAN at (754) 368 - 7942 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

Articles of Incorp	oration
SMANT Lin Anciel Services and (Name of Corporation as currently filed with the Flori	4241 201 01 2
(Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co"	"company," or "incorporated" or the abbreviation "A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.A	" A progessional corporation name mass contract to
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	in Plotida, enter the name of the
Name of New Registered Agent	
(Florida street o	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John D	l <u>oe</u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	PATRICK CREARY	4300 N. 4NIVERSITY DR D-206
Add			LAYDERHOLL FL 33351
X Remove			
2) Change	<u>D</u>	NINA MEANUFF	4300 N. UNIVERSITY DR # 0-206
Add			LAUDENHZLL FE 33351
Remove	D	TALBUITOF MULIZIE	4300 N. 4NIVERSZTY DR#0-206
3) Change Add		Once The Thecones	LAUDER HILL FI 38351
X Remove			
4) Change	<u>D</u>	RHONDA LEWIS	4300 N. UNZUERSZTY DR
Add Remove			D-206 LAUDENHZLC FZ33351
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

If an amendment provides for an exchange, provisions for implementing the amendmen (if not applicable, indicate N/A)					
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The date of each amendment(s) adoption:
08/09/12
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 20 days after american file daile)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 08/09/12
Signature MeL
By a director, president or other officer - if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
TEROME MELEAN (Typed or printed name of person signing)
CHAIR MAN PRESIDENT
(Title of person signing)