P17000014054

(Requesto	's Name)
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COVER LETTER

		COVERENTER		
TO: Amendment Section Division of Corpora				BILL OCT 56 6H r. r.
NAME OF CORPORA	ATION: SMART BUSINE	3S WORLD CORP		JC 7 21
DOCUMENT NUMBE	P1700001.105.1			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		H
Please return all corresp	ondence concerning this ma	tter to the following:		₹ •
		Rafael M De Leon		
		Name of Contact Person	<u> </u>	
	SMA	RT BUSINESS WORLD C		
_		Firm/ Company		-
		6441 SW 163 Court		
_		Address		-
		Miami, PL, 33193		
_		City/ State and Zip Cod	 ບ	•
	d	eleon0101@gmail.com		
		sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
Rafael	M De Leon	786	282 3514	
Name of	Contact Person		de & Daytime Telephone Numbe	r
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisic Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301	

Articles of Amendment

to . Articles of Incorporation



SMART BUSINESS WORLD CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

	P1700	0014054	•
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	n adopts the following amendme
A. If amending name, enter the new na	ime of the corporation:		
			The nen
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address.	if applicable:	6441 SW 163 Court	
(Principal office address <u>MUST BE A S</u>		Miami, FL, 33193	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		6441 SW 163 Court	
		Miami, FL, 33193	
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	Rafael M De Leon		
Man ty 100 Heginer Wilgins	6441 SW 163 Court		
	tFlorida s	treet address)	
New Registered Office Address;	Miami		. Florida 33193
New Registered Confee Maness,		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position.
. , , , , , , , , , , , , , , , , , , ,	M	,	,
	1 1/	/	
	Signature of	 Registered Agent, if changin	
	W)		
		X	

•

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: \underline{X} Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		Marilin D Diaz	780 NW 42ND Ave Suite 9
Add				Miami, FL, 33126
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5/ Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

 If amending or adding a (Attach additional sheets.) 	if necessary) (Be si	pecific)			
(titleti titali mana materi,	y necessary - the sy	,,			
				. <u></u>	
					
			 -		
			<u> </u>		
		<u>-</u>			
			n .: 6: 1		
 If an amendment provid provisions for implement 	es for an exchange, re	eclassification, or cal	<u>icellation of issued s</u>	<u>nares.</u>	
(if not applicable, in	nung the amenoment odicoto N. 4)	n not contained in C	ne amenoment usen.	<u>•</u>	
	aucare 2021)				
N/A					
			•		
	· · · · · · · · · · · · · · · · · · ·				
					
 .					
					

•	08/21/2017	
The date of each amendment(, if other than the
date this document was signed.	08/21/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	7
	nis block does not meet the applicable statutory filing requirement. Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendme.	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	holder
08/2 Dated	/2017	
(By sel	eactive tor, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	Rafael M De Leon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	