

11/18/2014

**L14000134136**

2014-11-18 10:32:05 (GMT-5)

07650110 Filing Account Bookkeeping

(Printed for Corporation)

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000268403 3)))



H140002684033ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SMGA LLC**

Certificate of Status	0
Certified Copy	0
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2014 NOV 18 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Account Bookkeeping
DATE	2014-11-18 21:31:27 GMT
RE	Audit # H140002684033

## COVER MESSAGE

Audit # H140002684033

Best Regards,

Andrea Pinheiro / Operations Department  
Account Bookkeeping Corp | [www.abkcorp.com](http://www.abkcorp.com)  
P.: (407) 898-1757 | Fax.: (407) 897-5336  
3300 S Hiawasse Rd Ste 106 Orlando, FL 32835

—  
This email is free from viruses and malware because avast! Antivirus protection is active.  
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SMGA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA PINE

Name of Person

ABK CORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA PINE

Name of Person

407

at ( )  
Area Code

898-1757

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**H140002684033**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2014 NOV 18 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SMGA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/26/2014 and assigned  
Florida document number L14000134136

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SANTOS, WAGNER D

New Registered Office Address:

2317 LAKE DEBRA DRIVE APT 2735

*Enter Florida street address*

ORLANDO

Florida

32835

*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 Changing Registered Agent, Signature of New Registered Agent

**H140002684033**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMARAL, ANDREA B		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	AMARAL DIAS, STEPHANIE N		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	AMARAL DIAS, MIKE N		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	SANTOS, WAGNER D		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	SANTOS, WAGNER D		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 17 2014

Signature of a member or authorized representative of a member

WAGNER D SANTOS

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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