

LD5000067156

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2008

DAVID MUSALSKI
2447 S. HIAWASSEE ROAD
ORLANDO, FL 32835

SUBJECT: SMTM ENTERPRISES L.L.C.
Ref. Number: L05000067156

We have received your document for SMTM ENTERPRISES L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00052936

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMTM ENTERPRISES L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID MUSALSKI
(Name of Person)

SMTM ENTERPRISES L.L.C.
(Firm/Company)

2447 S HIAWASSEE RD
(Address)

ORLANDO FLORIDA, 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID MUSALSKI at (407) 291- 0134
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2008

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2447 S. HIAWASSEE ROAD
ORLANDO, FL 32835

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Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00052936

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08 OCT 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SMTM ENTERPRISES L.L.C.

(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 07/07/2005 and assigned
Florida document number L050000067156

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5627 SOMERSBY RD

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5627 SOMERSBY RD

WINDERMERE, FL 34786

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

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08 OCT 17
11:08:23
TALLAHASSEE
STATE
FLORIDA

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 608, 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)

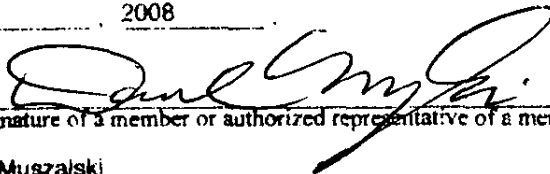
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Martin VanFossan	2490 Armstrong Ct. Lk. Orion, MI. 48360	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 29, 2008


Signature of a member or authorized representative of a member
David Muszalski
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA