L06000013364

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SEGRETARY OF STATE
SEGRET

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: SMS REAL ESTATE INVESTMENTS LLC						
Subacci.	Name of Limi	ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence	ondence concerning this matter	to the following:				
OCTAVIO A SLEMER						
	•	Name of Person				
	SMS REAL	ESTATE INVESTMENTS L	LC			
Firm/Company						
	10097	CLEARY BLBD, SUITE 226				
	Address					
	PL	ANTATION, FL, 33324				
	City/State and Zip Code					
	OCTAVIO	OSLEMER@HOTMAIL.COM				
	E-mail address: (to be used for future annual report notifies	tion)			
For further information of	oncerning this matter, please o	all:				
OCTA	VIO A SLEMER	at (954)	42-3543			
·	f Person	Area Code & Daytime				
Enclosed is a check for the	ne following amount:	•				
2 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SEGRETARY OF STATE

SMS REAL ESTATE INVESTMENTS 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 Liabili Florida document numberL06000013364		10.FEB.2006	and assigned
This amendment is submitted to amend the following	g:	·	
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AL	ODRESS)		
		-, ·-, ·-, ·-, ·-, ·-, ·-, ·-, ·-, ·-, ·	
		:	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on address here:	our records, enter th	e name of the new
Name of New Registered Agent:			······································
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	GABRIELA J SLEMER	1950 SUMMER CLUB DRIVE #312 OVIEDO, FL. 32765	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
,			Add Remove
<u></u>			Add Remove
D. If amen	iding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
_		,	<del></del>
			<del></del>
Dated	SEPTEMBER 14	2012	
	C	DCTAVIO A SLEMER ped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00