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S. HAWKES

MAY 1 3 2009

EXAMINER

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	. S.M.K W.	AREHOUSE LLC	
SOBSECT		ited Liability Company	
	ed Articles of Amendment and fee(s) are su	C .	
Please retur	n all correspondence concerning this matte	τ to the following:	
JANET JOENS			
•		Name of Person	
	AD		
•		Firm/Company	
		258 MARINER BLVD	
		Address	
	S	PRING HILL FL 34609	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notifi	cation)
For further	information concerning this matter, please	call:	
_	JANET JOENS	at (631)	648-7838
	Name of Person	Area Code & Daytime	e 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:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.M.	K WAREHOUSE LLC		••
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records	.)
`	,		9
The Articles of Organization for this Limited Liabil	ity Company were filed on	01/31/07	and assigned
Florida document numberLO700001177	2		
This amendment is submitted to amend the following	ng:		S. Car
A 'T6	81		GA 6
A. If amending name, enter the new name of the	e limited liability company here	•	7.0
The man and the distinct to the distinct of th	1 47 2 17 1 17 2		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	iy," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable			
• •			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>	· · · · · · · · · · · · · · · · · · ·	+,

B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>en</u>	ter the name of the nev
registered agent and/of the new registered office	audicss here.		
Name of New Pagistawad Agents			
Name of New Registered Agent:			<u></u>
New Registered Office Address:			
	Ente	er Florida stree	t address
		, Florid	a
	Citv		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 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>	<u>Name</u>	Address	Type of Action			
MGRM	HENRY ROCHOLL	3810 NE. 15 TH TERR. POMPANO BEACH, FL. 33064	_☑ Add Remove 			
MGRM	MARK O'CONNELL	19 TIMBER RIDGE SAYVILLE NY 11782	Add Remove 			
MGRM	KEVIN O'CONNELL	19 TIMBER RIDGE SAYVILLE NY 11782	Add Remove			
			Add Remove			
			بن Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)				
			-			
<u></u>						
Dated	MAY 4 , 200					
Signature of a member of authorized representative of a member STEVEN O'CONNELL Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00