# 109100038354

| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Ad                                     | dress)            |           |  |  |
| (C)+                                    | u/State/7in/Phone | +4)       |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |
|   |                   | MAIL      |  |  |
| (Business Entity Name)                  |                   |           |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
| Office Use Only                         |                   |           |  |  |



08/20/12--01038--020 \*\*25.00

FILED FILED SECRETARY OF STATE

D. BRUCE AUG 21 2012

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

SMDL, 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:

Derek Pauley

Name of Person

SMDL, LLC

Firm/Company

3403 Robbins Road

Address

Pompano Beach, FL 33062 City/State and Zip Code

City/State and Zip Cou

lepauley@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lanny Pauley

Name of Person

at (<u>954</u>) <u>290-0018</u> Area Code & 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)

AUG 20 AM 10:

പ

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

| SMDL, I  |   |
|--|---|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia   | bility Company)   |
| The Articles of Organization for this Limited Liability Company w<br>Florida document numberL09000038354                       | vere filed on 04/21/2009 and assigned                           |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabili   | <u>ty company here</u> :  |
| The new name must be distinguishable and end with the words "Limite"<br>"L.L.C."   | d Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | TAL 12  |
| (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 offic<br>registered agent and/or the new registered office address here: |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

• \_ ,

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

# MGR = Manager MGRM = Managing Member

i.

| <u>Title</u>        | <u>Name</u>  | Address   | Type of Action                                       |  |  |
|---------------------|--|---|--|--|--|
| MGR                 | Derek Pauley   | 3403 Robbins Road<br>Pompano Beach, EL 33062              |  |  |  |
| MGR                 | Mary Thurston  | 3403 Robbins Road<br>Pompano Beach, FL 33062              | Add<br>Remove  |  |  |
|                     |  |   | _ Add<br>_ Remove                                    |  |  |
|                     | ,  |   | Add<br>Remove  |  |  |
|                     |  |   | Add<br>Remove  |  |  |
| D. If amend         | ing any other information, enter                               | change(s) here: (Attach additional sheets, if necessary.) | Add<br>Add<br>Add<br>Add<br>Add<br>Add<br>Add<br>Add |  |  |
|                     |  |   | ID ED<br>AHIO:55<br>II. FLORIDA                      |  |  |
| Dated               | August 15  | 2012  | _  |  |  |
|                     | Signature of a member or authorized representative of a member |   |  |  |  |
|                     | Mary Thurston  |   |  |  |  |
|                     | Typed or printed name of signee                                |   |  |  |  |
|                     |  | Page 2 of 2   |  |  |  |
| Filing Fee: \$25.00 |  |   |  |  |  |