

FROM metro business agency

(THU) JUN 30 2011 18:41:51 ST. 18:41:51 No. 98301723153 1

**L10000065869**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : METRO BUSINESS AGENCY, INC.  
Account Number : I20080000101  
Phone : (239) 466-8600  
Fax Number : (239) 275-0865

2011 JUL - 1 AM 8:12  
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TALLAHASSEE, FLORIDA

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

Email Address: FPREALTOR@HOTMAIL.COM

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SMBMC, LLC**

Certificate of Status	0
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T. CLINE  
JUL - 5 2011  
EXAMINER

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

**SMBMC, 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 06/21/2010 and assigned  
Florida document number L10000065869

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)**

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:**

FERNANDO PORTUGAL

**New Registered Office Address:**

4107 7TH STREET W

Enter Florida street address

LEHIGH ACRES

Florida

33971

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

Title	Name	Address	Type of Action
MGRM	MARIO CELSO S. DIAS	4107 7TH STREET W LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FERNANDO PORTUGAL	4107 7TH STREET W LEHIGH ACRES, FL 33971	<input 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

2011 JUN - 1  
SECRETARY  
TALAMON  
STATE  
FLORIDA  
Add  
Remove  
Add  
Remove  
Add  
Remove

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

Dated JUNE 30TH, 2011

Signature of a member or authorized representative of a member

MARIO CELSO S. DIAS

Typed or printed name of signer