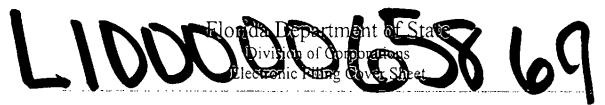
TO:18506176383 FROM:4078975336 12:07 PM 01/8/2025 Page:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000008993 3)))



H250000089933ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

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

Email Address: <u>CNSTOMER @ ABKCORP. COM</u>

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

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

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Help

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## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	SMBMC LLC		
	(Name of L	imited Liability Co	ompany)
The enclosed	l member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return	all correspondence concerning	ng this matter to	<b>)</b> ;
ALBERTO LE	MUS		
	(Contact Person)		<u> </u>
ACCOUNT BO	OOKKEEPING CORP		
<del></del>	(Firm/Company)		<del></del>
5301 CONROY	road ste 140		
	(Address)		<del>-</del> -
ORLANDO, FL	. 32811		
	(City/State and Zip Code)		<u>.                                    </u>
For further in	formation concerning this ma	tter, please call	:
ALBERTO LE		407	898-1757 
(Na	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed plea	ase find a check made payable	to the Florida	Department of State for:
S25 Filing	Fee		g Fee & Certified Copy
<u>M</u> ailing	g Address:		Street Address:
	tration Section		Registration Section
	on of Corporations		Division of Corporations
	Box 6327 Jassee, FL 32314		The Centre of Tallahassee
i andi	(COOO), 1 L (L) [ T		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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12:07 PM

TO:18506176383 FROM:4078975336

## ARTICLES OF AMENDMENT

TO

## ARTICLES OF ORGANIZATION OF

SMBMC LLC			
(Name of the Lie	nited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)	<del></del>
The Articles of Organization for this Limited	Liability Company were fil	ed on 06/16/2010	and assigned
Florida document number L!0000065869	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fo	illowing.		
A. If amending name, enter the new name	of the limited liability con	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl			
(Principal office address MUST BE A STRE			
			- 2
Enter new mailing address, if applicable:			757
Mailing address MAY BE A POST OFFICE	F ROY)		- 3284 
			<del></del>
	<del></del>		= = =
3. If amending the registered agent and/or seems and/or the new registered office addr	registered office address o	N Our records enter the nan	5
gent and/or the new registered office addr	ess here:	wour peerson, <u>once the name</u>	Te of the new register
Name of New Registered Agent:	MARCELO DEJON SOL	ZA DIAS	
New Registered Office Address:	10443 WISCANE AVEN	UE	
	E	nter Florida street address	
	ORLANDO	, Florida <sup>32</sup>	836
	Cinj		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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MERI STEINER	10443 WISCANE AVE	≅Add
		ORLANDO, FL 32836	
			☐ Change
			□Remove
			□Change
<del>-</del>			□Add
			©Remove
			Change
			□Add
			©Change
<del></del>			
			□Change
			□Add
			□Remove
			□Change

:	6,	. 01/8/2025	12:07 PM #:	1 TO:18506176383 1500000 89933	FROM: 4078975336
	D. If	amending any other	information, e	enter change(s) here: (Attach o	udditional sheets, if necessary.)
		<u> </u>			
		<del></del>			
		<del></del>			
			· · · · · · · · · · · · · · · · · · ·		
F	Note	CLICCLIVE GALE IS HISTED, INC	n this block does	filing:  fic and cannot be prior to date of filing not meet the applicable statutory at of State's records.	or more than 90 days after filing.) Pursuant to 605.03 filing requirements, this date will not be listed
II re	f the rec ecord is	ord specifies a delayed filed.	effective date, b	ut not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the $^{\circ}$
	Data	i 2/27 d		2024	

42500000 89933

Signature of a member or authorized representative of a member

Typed or printed name of signee

MARCELO DEJON SOUZA DIAS