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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

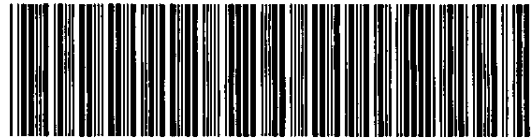
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SMA CASE MANAGEMENT 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:

**MONIQUE TRONCONE CPA**

Name of Person

**MONIQUE TRONCONE CPA PA**

Firm/Company

**55 NE 5TH AVENUE SUITE 501**

Address

**BOCA RATON, FL 33432**

City/State and Zip Code

**monica@troncone-cpa.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MONIQUE TRONCONE** at (**561**) **417-0308**  
Name of Person 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)

**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**

**SMA CASE MANAGEMENT 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 01/14/2011 and assigned Florida document number L11000006298.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7355 NW 60TH LANE

PARKLAND, FL 33067

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7355 NW 60TH LANE

PARKLAND, FL 33067

**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: SAME

New Registered Office Address: 7355 NW 60TH LANE

*Enter Florida street address*

PARKLAND, Florida 33067

*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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY  
FALL ZEPHYRUS  
1985

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

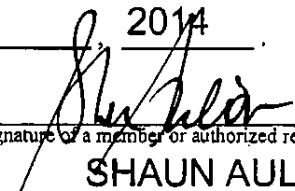
**CHANGE ADDRESS FOR MGRM AS FOLLOWS :**

DAVID AULITA : 7355 NE 60TH LANE, PARKLAND, FL 33067

SHAUN AULITA : 7355 NE 60TH LANE, PARKLAND, FL 33067

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 28 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**SHAUN AULITA**

\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
FALLS BURGESS ST. TALLAHASSEE, FL 32399-0400