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SECRETARY OF STATE

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COVER LETTER

	ration Section on of Corporations
SUBJECT: _	SMT. Repair LLC
_	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Casey Scheu Name of Person
	SMT. Repair LC dbla Sillia Federal Services
	SMT. Repair LLC dbla SiMia Federal Services Firm/Company 93351 Overseas Highway Box 6 Suite 3 A
	City/State and Zip Code Casey @ SM+, repair E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Ca	Sey Scheu at 35 360 - 305 4 Name of Person Daytime Telephone Number
. /	eck for the following amount:
\$25.00 Filir	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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**

SMT. Repair	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 10000 1402</u> .	were filed on Jan. 27, 2011 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	IR LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	43351 Overscas Highway
(Principal office address MUST BE A STREET ADDRESS)	Box 6 Suite 3A Tavernier, Fl. 33070
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	93351 Overseas Highway Box 6 Suite 3A Tavernier, Fl. 33070
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	Ma FEET F
New Registered Office Address:	mo ≥ M
· · ·	Enter Florida street address Florida
	City Pap 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u>nja</u>	
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