

L110000074600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

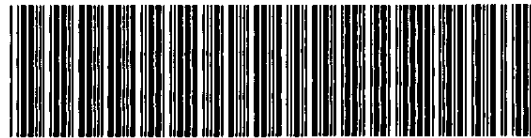
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700213502477

700213502477
10/28/11--01035--001 **25.00

FILED

11 OCT 28 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

OCT 31 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SM INVESTMENTS & ACQUISITIONS, L.L.C.
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:

Ronald J. Cohen, Esq.

Name of Person

Cohen, LaBarbera & Landrigan, LLP

Firm/Company

40 Matthews Street, Suite 203

Address

Goshen, New York 10924

City/State and Zip Code

rjc1@frontiernet.net

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

For further information concerning this matter, please call:

Ronald J. Cohen, Esq.

Name of Person

at (845)

291-1900

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

FILED
11 OCT 28 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

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:

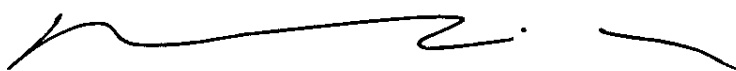
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SM Irrevocable Trust	PO BOX 574 CHESTER NY 10918	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MS Irrevocable Trust	PO BOX 574 CHESTER NY 10918	<input checked="" 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

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

Dated September 29, 2011.



Signature of a member or authorized representative of a member

Manik Makan, Trustee of the MS Irrevocable Trust

Typed or printed name of signee

FILED
11 OCT 28 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA