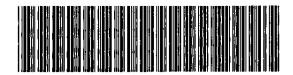
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COVER LETTER

то:	O: Registration Section Division of Corporations							
SUBJECT:SM INVESTMENTS & ACQUISITIONS, L.L.C.								
SCDGL	Name of Limited Liability Company							
The enc	losed Articles	of Amendment and fee(s) are su	bmitted for filing.					
Please r	eturn all corres	spondence concerning this matte	r to the following:					
		F	Ronald J. Cohen, Esq. Name of Person					
		Cohen, LaBarbera & Landrigan, LLP						
		Firm/Company						
		40 N	40 Matthews Street, Suite 203					
			Address					
		Go	oshen, New York 10924					
			City/State and Zip Code					
		E-mail address: (rjc1@frontiernet.net (to be used for future annual report notification)					
For furt	her information	n concerning this matter, please	call:					
Ronald J. Cohen, Esq.			at (845) 291-1900					
	Nam	e of Person	Area Code & Daytime Telephone Number					
Enclose	d is a check for	r the following amount:						
₹2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is e					
	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 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

FILED 11 OCT 28 PH 12: 20

SECRETARY OF STATE

SM INVESTMENTS & ACQUISITIONS, L.L. GALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Compa	nny were filed on	06/28/2011	and assigned	
Florida document number	L11000074600				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited li	iability company her	<u>·e</u> :		
The new name must be distingui "L.L.C."	shable and end with the words "L	imited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices a	ddress, if applicable:				
(Principal office address MU:	ST BE A STREET ADDRESS				
Enter new mailing address, i (Mailing address MAY BE A	- •				
	ered agent and/or registered new registered office address h		our records, <u>enter t</u>	he name of the new	
New Registered Office	ce Address:				
		Enter Florida street address			
		City	, Florida	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 SM Irrevocable Trust MGRM PO BOX 574 ☐ Add ✓ Remove CHESTER NY 10918 MS Irrevocable Trust MGRM PO BOX 574 **✓** Add CHESTER NY 10918 Remove _ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 29 2011 Dated _ Signature of a member or authorized representative of a member Manik Makan, Trustee of the MS Irrevocable Trust Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00