

L110000 82971

(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



400333645444

Printed on 09/11/2019

2019 09 12 PM 1:46

Amend

SEP 21 2019  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SM HOLDING GROUP, 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:

ADRIANA GONCALVES

\_\_\_\_\_  
Name of Person

SM HOLDING GROUP, LLC

\_\_\_\_\_  
Firm/Company

4302 SW 186 AV

\_\_\_\_\_  
Address

MIRAMAR, FL 33029

\_\_\_\_\_  
City/State and Zip Code

adriana@myplace.net

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

For further information concerning this matter, please call:

ADRIANA GONCALVES

786 469-6539  
at ( )

\_\_\_\_\_  
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



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>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHUBER MARTINEZ	5931 NW 173 DRIVE STE #9	<input type="checkbox"/> Add
		MIAMI, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LILYANA RESTREPO	4302 SW 186 AV	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIANA GONCALVES	4302 SW 186 AV	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 15 2019

Signature of a member or authorized representative of a member

SHUBER MARTINEZ

Typed or printed name of signee