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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | |
|---------------|--------------------------------------|--|---|---|--|--|
| | | NG GROUP, LLC | | | | |
| SUBJE | CT: | Name of Limit | ed Liability Company | | | |
| The enc | losed Articles of A | Amendment and fee(s) are subn | nitted for filing. | | | |
| Please r | eturn all correspor | ndence concerning this matter t | o the following: | | | |
| | | ADRIANA GONCALVES | | | | |
| | | - | Name of Person | | | |
| | | SM HOLDING GROUP. L | LC | | | |
| | | | Firm/Company | | | |
| | | 4302 SW 186 AV | | | | |
| | | | Address | | | |
| | | MIRAMAR, FL 33029 | | | | |
| | | City/State and Zip Code | | | | |
| ŧ | | adriana@myplace.net | | | | |
| 1 | | E-mail address: (t | to be used for future annual report notif | ication) | | |
| For furt | her information co | oncerning this matter, please ca | all: | | | |
| ADRIA | NA GONCALVI | ES | 786 469-6539 at () | | | |
| | Name of | f Person | Area Code Daytim | e Telephone Number | | |
| Enclose | d is a check for th | ne 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:

TO:

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

| Company as it now appea Limited Liability Company) | rs on our records.) | |
|---|---|---|
| ompany were filed on | 07/19/2011 | and assigned |
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| | | |
| ed liability company h | ere: | |
| ed Liability Company," the o | designation "LLC" or th | e abbreviation "L.L.C." |
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| ored office address or | n our records ent | or the name of the |
| | i our records, em | er the namesor the |
| | | |
| | | |
| | | |
| Enter Flo | rida street address | |
| | 173 . 1 | |
| City | , Florida | Zip Code |
| | ed liability Company has been defined office address of the ess here: | ed liability company here: ed Liability Company." the designation "LLC" or the ess.) ered office address on our records, enteress here: Enter Florida street address , Florida |

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, <u>enter the title, name, and address of each person being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|--------------------------|----------------|
| MGRM | SHUBER MARTINEZ | 5931 NW 173 DRIVE STE #9 | ☐ Add |
| | | MIAMI, FL 33015 | |
| | | | Remove |
| | | | ☐ Change |
| MGR | LILYANA RESTREPO | 4302 SW 186 AV | Add |
| | | MIRAMAR. FL 33029 | □ Pamova |
| | | | Remove |
| | | | Change |
| AMBR | ADRIANA GONCALVES | 4302 SW 186 AV | Add |
| | | MIRAMAR, FL 33029 | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
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| | | | ☐ Change |

| (If an effective date is listed, the date must be specific and cannot be prior to date of thing or more than 90 days after thing.) Pulsadar to 60.50-07 (Acc.) 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 | D. If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|---------------------------|---|
| E. Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 9207 (3)th 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 | | |
| E. Effective date, if other than the date of filing: 15/08/2019 (optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th 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 | | |
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| | | Suparore of a member or authorized representative of a member |
| SHURER MARTINEZ | | |
| Typed or printed name of signee | | SHUBER MARTINEZ Typed or printed name of signer |

Page 3 of 3